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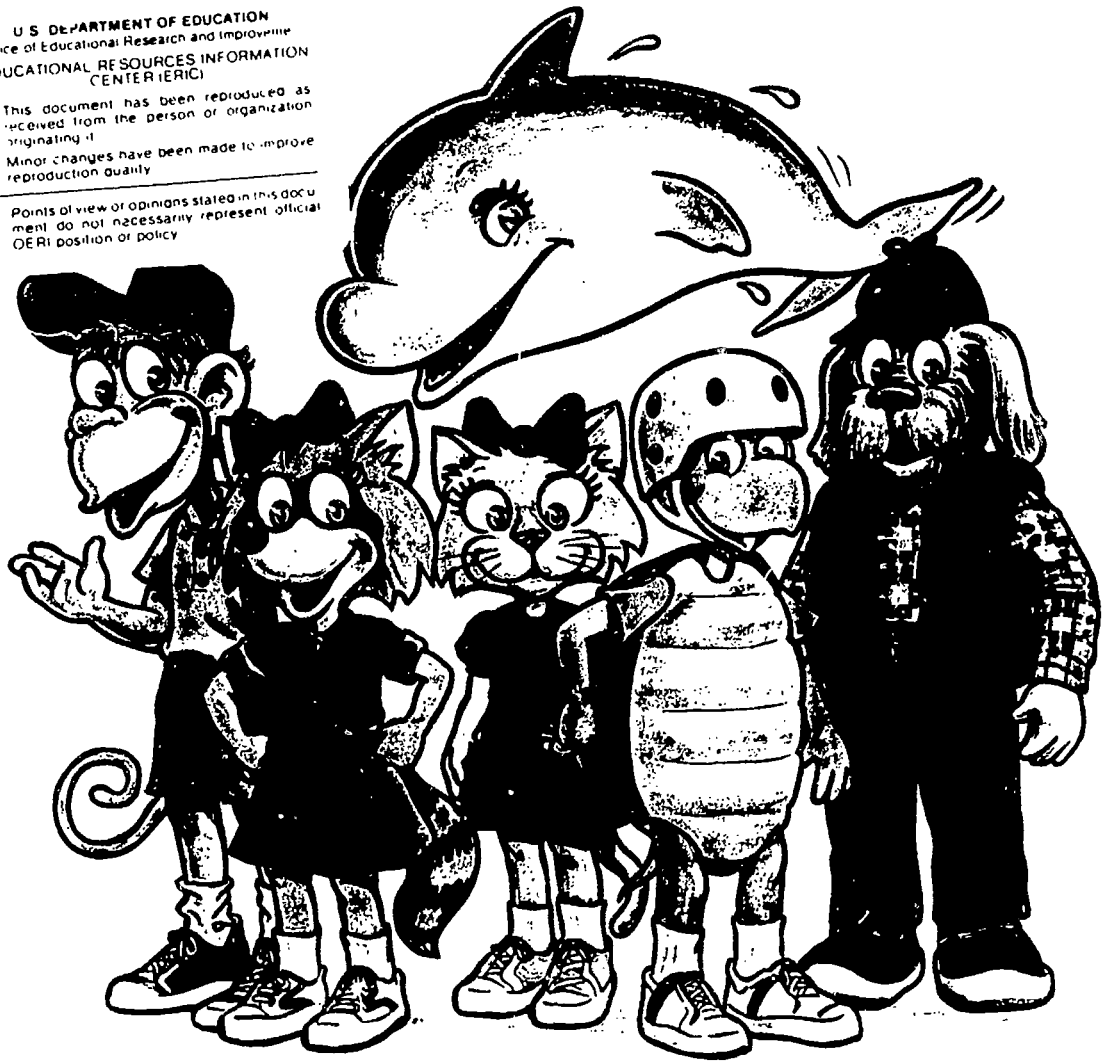
ABSTRACT

The focus of this curriculum is on prevention of spinal cord injury (SCI) and traumatic brain injury (TBI). The program is aimed at young children because it is during the early years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence. The curriculum is based on principles of child development, early childhood education, and prevention psychology. It is designed to increase children's perceptions of vulnerability to SCI or TBI, the severity of the problem, response efficacy, and self-efficacy; to help students gain enhanced understanding of cause-effect relationships and the rationale for safety principles; and to enhance the perception that safe behavior is smart. The curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning. This guide for Grades 1 and 2 is organized into 8 units: Spinal Cord and Brain Injury Awareness, Motor Vehicle Safety, Pedestrian Safety, Bike Safety, Playground and Recreational Sports Safety, Preventing Falls, Weapons Safety, and Water Safety. The guide concludes with information on additional resources (films and videotapes, national programs, spinal cord injury care systems, traumatic brain injury care systems, and comprehensive head injury prevention and rehabilitation centers). A large part of the curriculum is made up of reproducible illustrations for the students. (LL)

Preventing Injury

A Safety Curriculum



ETR ASSOCIATES

Preventing Injury

A Safety Curriculum

Grades 1 and 2

Developed by
The University of Alabama at Birmingham
Department of Rehabilitation Medicine
Spain Rehabilitation Center

E T R A S S O C I A T E S
Santa Cruz, California
1992

ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality resources and our training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830.

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Contents

INTRODUCTION

Because few injuries are as physically and emotionally devastating as spinal cord injury (SCI) and traumatic brain injury (TBI), the focus of this curriculum is on those kinds of injuries. Most of the activities included in *Preventing Injury: A Safety Curriculum* have potential applications and impacts for other trauma prevention in children. Nevertheless, the focus here is on prevention of spinal cord injury and traumatic brain injury because it is likely to be more comprehensible to children since it is more concrete, and because there are few other injuries short of those leading to death, in childhood, which are more worthy of prevention efforts.

The curriculum's operating assumption is that if awareness of catastrophic injury can be established early in children's lives, as well as knowledge of ways to avoid such injury, they will grow into the high-risk age group (ages 15 to 20 years) with better formed attitudes, beliefs, and appropriate behavioral strategies concerning risky behaviors that can lead to spinal cord and traumatic brain injury. This prevention program is aimed at young children because it is during the younger years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence.

Preventing Injury: A Safety Curriculum is based on principles and approaches of child development, early childhood education, and prevention psychology. As health-persuasive messages, the curriculum is designed to increase children's perceptions of (1) vulnerability or susceptibility to SCI or TBI, (2) the severity of the problem, (3) response efficacy (i.e., that there are effective ways to prevent SCI and TBI, and (4) self-efficacy (i.e., that the child can do the safe behavior. It is designed so that children gain enhanced understanding of cause-effect relationships and the rationale for safety principles to help them generalize beyond the precise situations taught in the curriculum. Furthermore, the curriculum aims to enhance the perception that safe behavior is "smart and cool." Finally, the curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning, longer-term retention, and behavior performance in the real world outside the classroom.

Preventing Injury: A Safety Curriculum is a Preschool through 6th grade program. It has been organized in four levels: Preschool and Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Developed by teachers for teachers, special attention has been given to ease of implementation by classroom teachers. The curriculum has been extensively pilot-tested and thoroughly evaluated by researchers at the Department of Rehabilitative Medicine, University of Alabama at Birmingham.

Spinal Cord Injury: You May Want to Know...

Some basic anatomy:

The spinal cord acts as the relay through which brain and body communicate. All incoming and outgoing information (nerve sensations, movement commands, etc.) pass through the spinal cord. It is organized so that nerves to the upper half of the body are connected to the upper portion of the spinal cord; nerves to the lower half of the body are connected to the lower portion of the spinal cord. The spinal cord is very delicate. ***Cerebrospinal fluid*** surrounds and cushions the spinal cord. The spinal cord has its own bony, protective covering—the ***spinal column***—which is made up of thirty ***vertebrae*** sitting on top of one another. There are four types of vertebrae and a different number of each: eight ***cervical,*** 12 ***thoracic,*** five ***lumbar*** and five ***sacral.***

Spinal cord injuries...

...are either ***complete*** (i.e., the cord is severed and there is no sensation or movement from that point down) or ***incomplete,*** (i.e., some of the cord remains intact and some movement or sensation is still possible). In either type of injury, the message path connecting the brain and the body is disrupted. This is why a person with spinal cord injury is unable to feel or move certain parts of his or her body, even when there is no damage to that body part or to the brain. A person with ***paraplegia*** has a loss of movement and sensation in the lower part of his or her body (e.g., the legs). A person with ***quadriplegia*** has a loss of movement and sensation in both the upper and lower parts of the body (e.g., the arms and legs).

Many years ago, SCI almost inevitably resulted in death. Medical advances have drastically changed this picture. Today, many persons with spinal cord injury have a nearly normal lifespan. There are more than 300,000 persons with SCI in the U.S., and about 7,500 new injuries occur every year.

Some statistics:

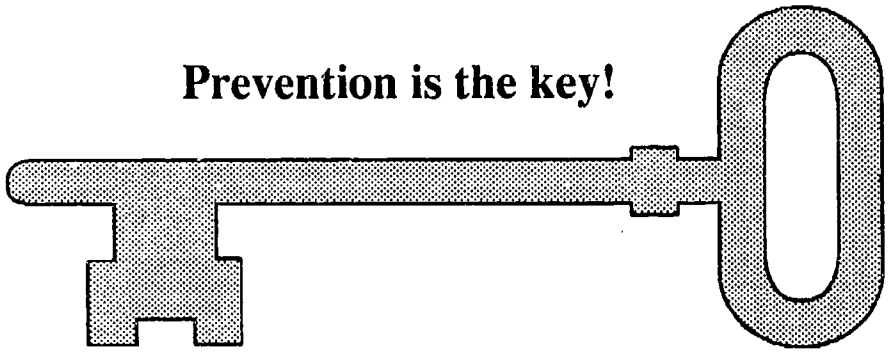
- Almost two-thirds of all SCIs occur in the 16 to 30 year-old age group.
- Most spinal cord injuries (82%!) are sustained by males.
- In the high risk age group, 55% of spinal cord injuries are suffered in motor vehicle accidents, 22% in violent acts, 10% in sports activities and 7% in falls.
- Spinal cord injuries occur more frequently in daylight hours and during the summer months; most of these injuries occur on weekends.

Life after spinal cord injury:

Persons with SCI often must adjust to significant handicaps that radically change their lives. Continuing medical care is required. Voluntary bladder and bowel functions may be lost. Most persons with SCI develop urinary complications requiring medical intervention; nearly a quarter develop pressure sores. Extensive renovations to homes often are necessary to facilitate movement in a wheelchair: ramps must be installed, doorways widened, and carpets removed. In addition to physical disruptions, persons with SCI experience disruptions in their social life: everything from normal social interactions to marriage and sexual functioning may be adversely affected. Psychological adjustment is often an ongoing process; depression and anxiety are common.

There is no cure for spinal cord injury...

...once damage is done, it is probably permanent. While there are some stories in the newspapers about persons who overcome overwhelming odds to walk again, these so-called "miracle" recoveries are extremely rare and indicate incomplete injuries. More than 90% of SCI patients with complete lesions show no improvement in functional abilities at the time they are discharged from the hospital.



The source for the information presented in this section is:

Stover, S.L., and Fine, P.R. (Eds.) *Spinal Cord Injury: The Facts and Figures* (1986) The National Spinal Cord Injury Statistical Center, University of Alabama at Birmingham: Birmingham, AL.

Traumatic Brain Injury: You May Want to Know...

Some basic anatomy:

The brain acts as the control station for the human body, regulating all bodily functions. The brain is made up of over 10 billion nerve cells and can be divided into several distinct areas. The ***brainstem*** is located at the base of the brain and is responsible for such basic functions as respiration and pulse. The ***cerebellum*** is connected to the upper rear portion of the brainstem and coordinates motor movement. The ***cortex,*** the largest portion of the brain, is responsible for the highest of human behaviors. The cortex is divided into two halves or hemispheres (left and right) which are about the same size. In most people, the left hemisphere is responsible for language and the right hemisphere for spatial tasks. Each hemisphere is responsible for movement and sensory functions on the opposite side of the body. The brain is very delicate. Its consistency is similar to that of jelly. The skull protects the brain. ***Cerebrospinal fluid*** circulates around and through the brain to offer further protection.

A traumatic brain injury...

...can result from an ***open head injury*** in which the brain is exposed to air (e.g., a gunshot wound), or from a ***closed head injury*** in which the brain is not exposed to air (e.g., a concussion). Loss of consciousness is not uncommon with brain injury. It may last for no more than a few seconds, or may continue for months or years. If a person remains unconscious for more than a brief period of time, he or she is said to be in a ***coma*** (the person is unable to open his or her eyes, speak or respond to commands). A person who remains unconscious for at least six hours usually is said to have a ***severe brain injury***. A person who does not lose consciousness or is unconscious for less than thirty minutes is said to have suffered a ***mild brain injury.***

Some statistics:

- About seven million brain injuries occur annually in the U.S., with an estimated 500,000 requiring hospitalization.
- Nearly two-thirds of these brain injuries occur in the 10 to 29 year-old age group; more than two-thirds of those who are injured are male.
- Brain injuries occur in more than two-thirds of all motor vehicle accidents, and are often the cause of death in motor vehicle-related fatalities.
- One study reported that less than 14% of their subjects who sustained brain injuries were wearing safety belts at the time of their accidents.
- In motorcycle accidents, almost half of persons sustaining brain injuries were not wearing helmets (many in states with helmet laws!).
- More than one in ten brain injuries occur as the result of interpersonal violence; most of these injuries are related to domestic problems.

The most significant contributing factor to brain injury...

...appears to be alcohol; one study found alcohol in the bloodstream of nearly three-quarters of patients with brain injury. The majority of brain injuries occur on the weekend, the peak hours being between 3:00 p.m. and 7:00 p.m.

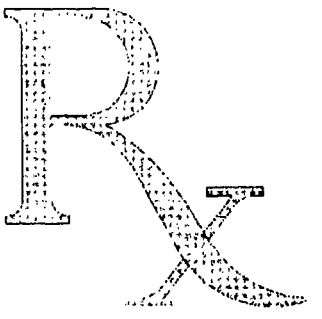
The population most at risk for traumatic brain injury...

...are people who have had a previous brain injury. The likelihood of a second brain injury is three times as great as the first one. The effects of brain injury are cumulative. A mild brain injury might leave little or no after effects, but a second or third mild injury can produce significant impairment. Consider the boxer who becomes "punch drunk." This condition is caused by the cumulative effects of many mild brain injuries.

Medical advances have led...

...to an ever increasing number of survivors of brain injury. However, fourteen percent of these TBI survivors (70,000 new patients each year) are not considered self-sufficient enough to manage their activities of daily living. Half of these people require institutional care, the other half are cared for by family members. Problems with communication, motivation, gait and balance, sexual functioning, cognitive processing and loneliness are common. Many patients have injuries that affect a number of these areas simultaneously. Tasks that were once taken for granted, such as dressing or bathing, can become major operations. A brain injury does not have to be severe to have an impact on a person's daily functioning. Patients with mild brain injury often experience dizziness and memory problems as long as three months after their injury. The prognosis for persons with traumatic brain injury is often uncertain: in many cases, damage is diffusely spread throughout the brain, making it difficult to predict which functions will improve and which will not.

Prevention is the best treatment!



The sources for the information presented in this section are:

Jennet, B.H. Scale and scope of the problem. and Rimel, R.W., Jane, J.A., Bond, M.R. Characteristics of the head injured patient. In Rosenthal, M., Griffith, E.R., Band, M.R., Miller, J.D. *Rehabilitation of the Adult and Child With Traumatic Brain Injury, 2nd Ed.* Philadelphia: Davis, 1990.

What Happens After a Spinal Cord Injury or Traumatic Brain Injury?

After the immediate medical crisis...

... patients with SCI or TBI often are transferred to a ***rehabilitation hospital*** (or rehabilitation unit within a hospital). These facilities help patients adjust to living with their disabilities. Their goals are to maximize the patients' quality of life and to foster the development of independent living skills. Numerous disciplines are involved in helping patients achieve these goals. ***Rehabilitation medicine specialists*** are medical doctors who assess the physical limitations and strengths of their patients. ***Physical therapists*** teach patients to exercise weakened areas and to use the strong ones in ways that compensate for their weaknesses. ***Psychologists*** assess cognitive impairments caused by injuries and how these impairments will affect patients' return to community living. They also provide counseling to patients and their families. ***Occupational therapists*** help patients learn to perform daily tasks such as cooking and cleaning.

Returning home:

Most patients return home after stays in rehabilitation programs. Thus these programs act as bridges between intensive medical ca· and community living. They offer the patient an opportunity to experience community living with·n the relative safety of a rehabilitative atmosphere. The goal of these programs is to ensure that at the tiric of final discharge, patients are as prepared as possible to cope with their changed lifestyles. Although rehabilitation can do much to improve patients' quality of life, there are likely very few persons with SCI or TBI who would agree that their lives are as good as they were prior to their injuries—and who would not return to those life styles if given the opportunity.

CURRICULUM FORMAT

Materials developed for this curriculum span preschool through sixth grade and have been divided into four levels: Preschool-Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Each level contains eight units: Spinal Cord and Brain Injury Awareness; Motor Vehicle Safety; Pedestrian Safety; Bike Safety; Playground/Recreational Sports Safety; Preventing Falls; Weapons Safety; and Water Safety.

Each unit includes the following information:

LIFESTYLE GOALS: Lifestyle goals for this curriculum are optimal life-long health behaviors. Successful completion of the curriculum can provide the basis for more comprehensive health education in later years. The lifestyle goals listed in each unit provide the foundation upon which more specific learning objectives and unit activities are built.

LEARNING OBJECTIVES: The learning objectives state the knowledge, skills, and abilities that students should acquire upon completion of the activities in the unit.

UNIT ACTIVITIES: Activities which address the learning objectives for the unit are described in detail. The objectives addressed by a particular activity are noted beside each activity title (for example, *Obj. 1, 2, 6*).

Since each level of the curriculum covers two grades, several activities are included to accommodate the differences in students' ages. It is **not** necessary to perform all activities in order to achieve the unit's learning objectives. For example, activities are included in the Preschool-Kindergarten Level which may be effective for three year old children, but not challenging enough for five year old children; likewise, some of the activities listed may be suitable for five year old children, but may be too complicated for younger children.

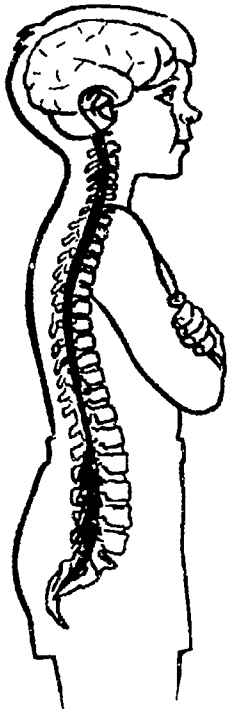
UNIT I:

SPINAL CORD AND BRAIN INJURY AWARENESS

The purpose of this unit is to teach children basic information about the structure and function of the brain, skull, spine, and spinal cord (i.e., the central nervous system and the structures that protect it). It is important for children to understand that while the skull and the spine provide some measure of protection, severe injuries still can damage the brain and spinal cord permanently. Unit activities describe how the body functions after a spinal cord injury or brain injury and stress that normal functions are often permanently lost.

Our approach in this curriculum is to increase children's awareness of—and feelings of vulnerability to—brain and spinal cord injury, but then to relieve any anxiety about such injuries by showing children how they can best be avoided. If you have not done so already, you may wish to review the general introductory material for this program (pp. v - xii), which describes in some detail the structure and function of the brain and spinal cord (and what happens when either is injured).

SPINAL CORD AND BRAIN INJURY AWARENESS
(Grades 1 and 2)



Lifestyle Goals

I. Understand the vulnerability of the brain, skull, spine, and spinal cord to injury

II. Identify positive alternatives to risk-taking behaviors

Learning Objectives

Upon completion of this unit, students should be able to:

1. Locate the brain and spinal cord and know how they work together to control body functions

2. Know the physical effects of brain and spinal cord injuries

3. Identify risky behaviors and positive alternatives

4. Demonstrate safety steps to follow if someone is injured

Activity 1: Meet Your Animal Safety Friends *Obj. 3*

Animal characters were chosen to represent various aspects of our Spinal Cord Injury and Traumatic Brain Injury Prevention Curriculum. These characters were developed based on input from children in several elementary grades to ensure that they would appeal to these age groups. One character (Mr. Goof) consistently behaves in unsafe ways. The other characters depict safer alternatives.

Below are descriptions of each "safety friend" for your information. Pictures of these animal characters appear on pages 9 through 19. Show your class the picture of each animal as you read the introduction on the back of the picture.

Rachel Raccoon (page 9) represents automobile safety because of her agile, humanlike hands (which she uses to buckle the safety belt) and her industrious and clever nature. She always sits in her car seat with her safety belt fastened properly and observes all safety rules.

Tuttle Turtle (page 11) represents bike safety because of his cautious manner, and because of the shell which provides built in protection for his spinal cord. Although his shell can be representative of a bike helmet, he still wears a helmet on his head to prevent a brain injury. Tuttle always wears his bike helmet and follows all safety rules when riding his bike/trike.

Alli Cat (page 13) represents playground safety and fall prevention because of her cautious nature and her ability to land on her feet. She is agile and acrobatic and shows children safe behavior for gymnastic and playground activities.

Duffy Dog (page 15) teaches safe behavior around guns, knives, and other weapons. He shows children what to do when they are faced with potentially dangerous situations, such as finding a gun or being pressured by friends to play with guns or knives.

Daisy Dolphin (page 17) represents water safety because of her gentle, friendly nature and her ability to communicate with other animals. Daisy is an expert swimmer and diver who gives the children safety tips to use while they're having fun in the water.

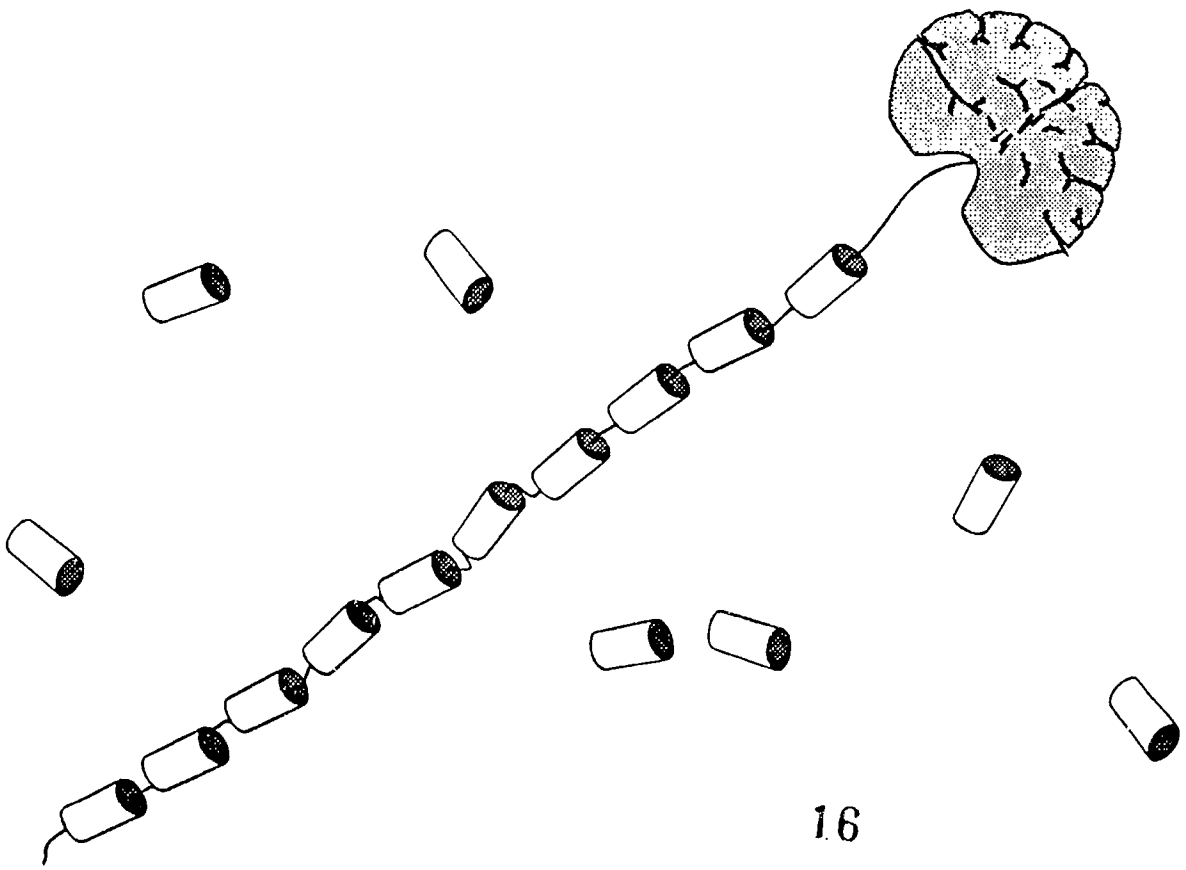
Mr. Goof (page 19), a monkey, was chosen for his human-like characteristics and child-like personality: he is curious, full of energy, and intelligent enough to learn the safe/appropriate way to behave. Mr. Goof is impulsive and makes mistakes because he does not think ahead. The other animals model safe behaviors that will help Mr. Goof (and students, too!) prevent a brain or spinal cord injury.

Activity 2: Brain and Spine Model *Obj. 1, 2*

[Materials needed: modeling clay, yarn, large (uncooked) tubular shaped pasta]

Make copies of the diagram on page 21 for each student. Explain that the spinal cord is attached to the brain like a long tail (actually, it's about 18 inches long). The brain sends messages to the rest of the body through the spinal cord. You may wish to use the example of when a student sits in class and picks up a crayon to color a picture, the student's brain is actually telling the student's arm and fingers to pick up a crayon and color! The spinal cord carries this message from the student's brain to the arm and fingers. If for some reason the spinal cord is injured, then it cannot deliver all the messages the brain sends out to the body. If the brain is injured, it may not send messages out even if the spinal cord is undamaged.

Have each student construct a model of the brain and spinal cord. The students should use modeling clay for the brain and attach yarn strung through (uncooked) tubular pasta for the spinal cord and column.



Activity 3: Brain and Back Bones *Obj. 1*

Have the students gather in a circle to recite and act out these poems about the brain and spinal cord:

The Brain

There's a lumpy gray brain in your head,
That's almost as soft as a bed!
The bones of your skull,
Surround it, I'm told
To keep your brain safe in your head!

[Have students point to head when they hear it said]

Back Bones

There are doughnut-shaped bones in your back,

**(Have students make circles with thumbs and first fingers)*

That are lined up right in a stack.

**(Put circles atop one another)*

They help keep your head up,

**(Put "finger circle" column under chin)*

But can bend, twist, and fold up

**(Still holding hands under chin, bend and twist at waist)*

What great little bones in your backs!

**(Straighten back up, and smile!)*

There are doughnut-shaped bones in your back,

(Make "finger circles," as above)

That are lined up right in a stack.

(Stack circles to form column, as above)

Your spinal cord, I'm told,

Runs right through the holes

(Hold hands to one eye and look through hole made by fingers)

To protect it from getting a whack!

(Hands away from eyes, thump one circle with other hand)

(Pantomime accompaniment)

Activity 4: **Circle Talk** *Obj. 2*

Have students sit together to discuss the following questions (let each child have a chance to speak). If possible, you may want to ask a person with a brain or spinal cord injury to visit your class and participate in this discussion. (If there is a rehabilitation facility near you, they may be able to provide you with information about brain or spinal cord injured individuals who are willing to come and talk to your class.)

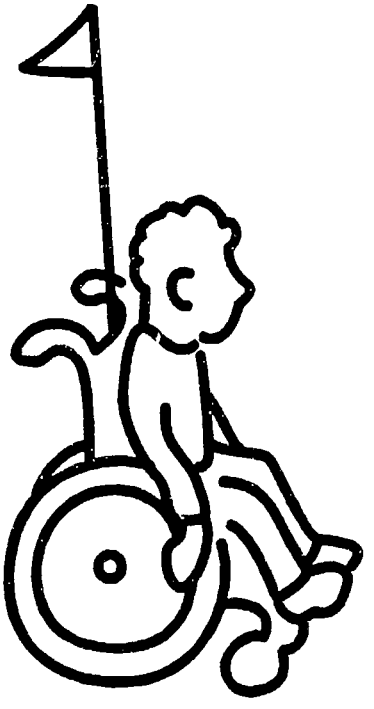
a. Many people who have spinal cord injuries must use a wheelchair to move around. How many of you have seen someone or know someone in a wheelchair?

b. How do you think life in a wheelchair may be different from yours?

c. How do you think having a spinal cord injury would change things for you at school? When you are playing with your friends? When you are going places with your family?

d. People who have brain injuries may be affected in many different ways. They may not be able to hear, see, move, talk, or even think like they used to. Some people with brain injuries may seem fine on the surface, but they may not act like they used to—it's as if they are a different person. How might people treat you if you talked, moved, or acted differently than you do now?

e. How many of you have seen handicapped parking spaces at the grocery store or at the mall? Why do you think these parking spaces are needed? Why are they so close to the entrance of the store? Why do you think the police would give your parents a ticket if they parked there and no one in your family was handicapped?



Activity 5: **Risky Business** *Obj. 3, 4*

Show the children the three pairs of pictures in "Risky Business" on pages 23-33. Have them tell what they see in the first picture that might cause an injury. Then have them tell what has changed in the second picture that shows a safe behavior. As a class project, pictures may be colored and displayed on "safe" and "unsafe" bulletin boards.

Activity 6: My Friend Needs Help *Obj. 4*

In emergency situations, children should be taught to tell an adult immediately. If an adult is not present, then children should use emergency phone skills.

Copy the telephone picture and phone skills sheet on pages 35 and 37 for your students. Review the rules for using the telephone in emergency situations when adults may not be around. Then, have the children role play the following situations, with one student acting as the victim while the rest of the class decides how best to help.

a. What would you do if (CHILD'S NAME) fell off his/her bike and hit his/her head on the pavement? [Elicit responses such as: tell an adult, tell parents, call 911]

b. What would you do if (NAME) fell out of the swing on the playground? [Elicit responses such as: tell a teacher, tell the school nurse, etc.]

c. What would you do if (NAME) tripped and fell down the stairs, and then didn't move? [Elicit responses such as: tell an adult, call 911 or 0]

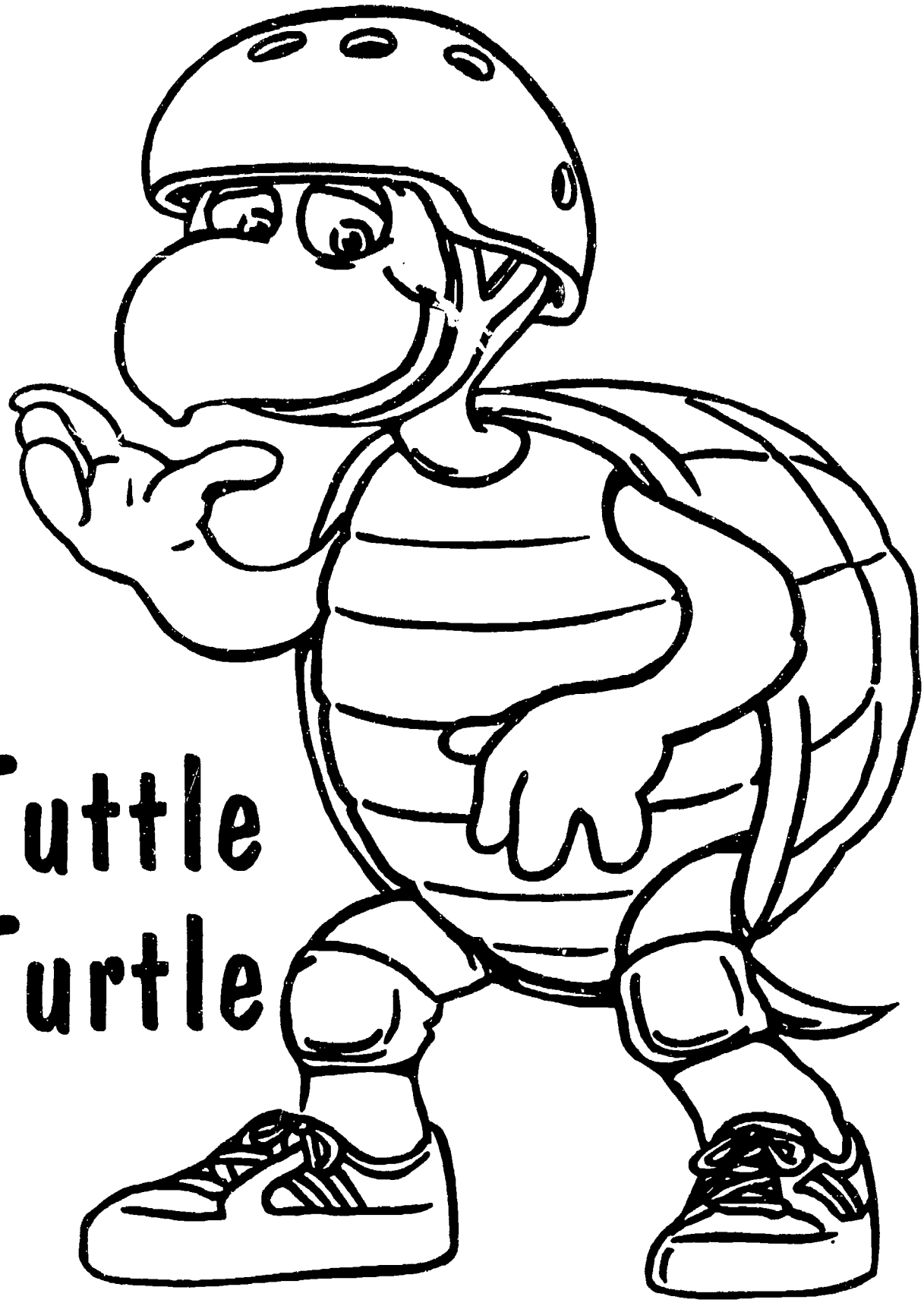
You may wish to invite an Emergency Medical Technician (EMT), a fire fighter, or other safety response person to talk to your class about what to do in emergency situations.

Activity 7: My Letter Home

Make copies of the letter on page 39 for your students to take home to their parents. Explain that they can show their parents some of the things they are doing to learn about spinal cord and brain injury prevention, and that they may need their parents help to complete some activities. Have each student fill in the date and greeting blanks appropriately, then sign his or her letter.

Rachel Raccoon

HI! My name is Rachel Raccoon. I use my hands to buckle my safety belt every time I get in the car—and YOU should use your hands to buckle your safety belt every time you get in a car, too! Stick with me and I will show you how to be a safe and smart rider.



Tuttle Turtle

HI! My name is Tuttle Turtle. I have a built-in shell which protects me when I ride my bike. You may not have a built-in shell, but you can wear a helmet when you ride your bike. I'll show you how to be a safe bike rider.

Alli Cat

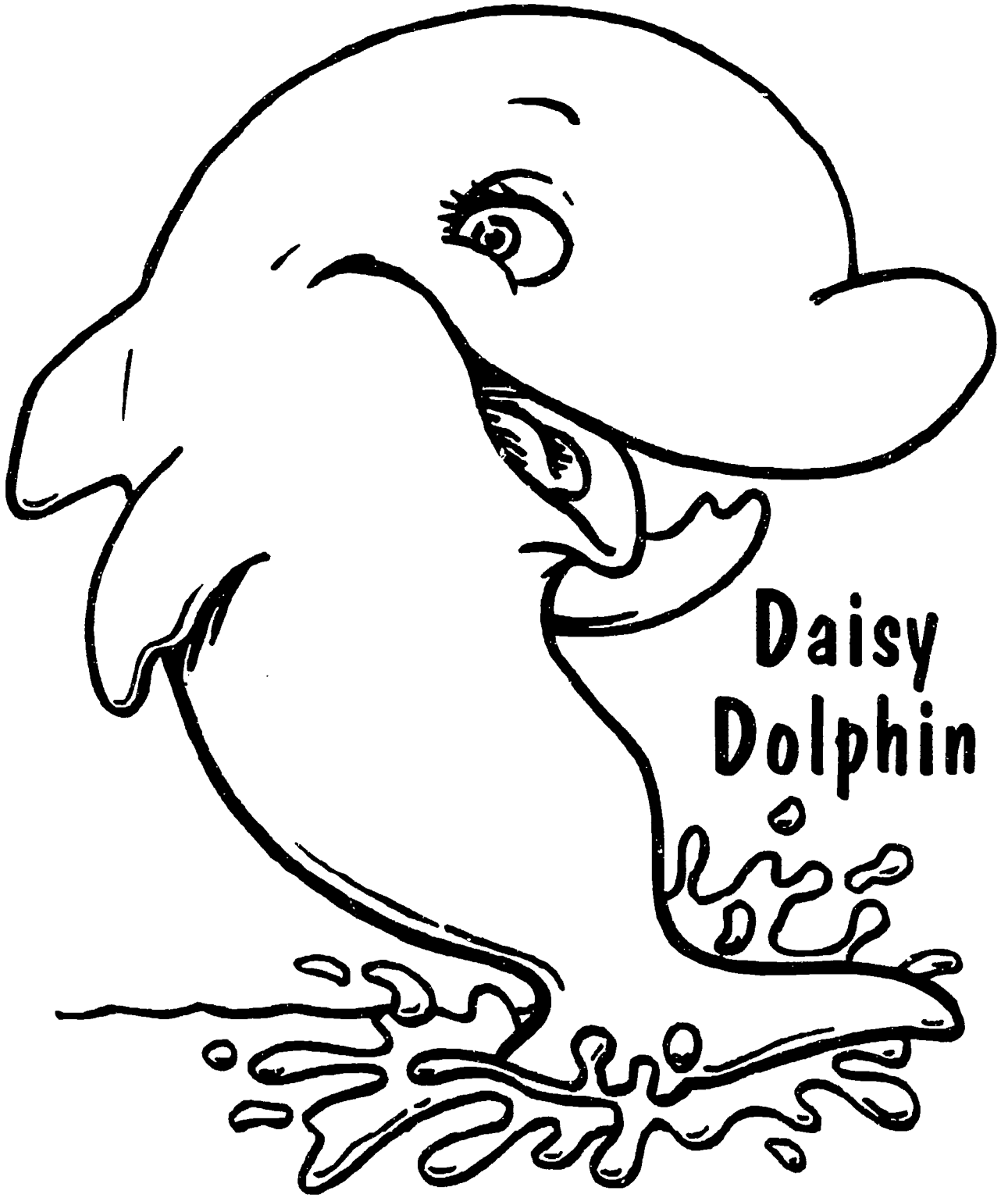
Alli Cat

HI! My name is Alli Cat. Because I am a safe cat, I always land on my feet when I fall. Since you may not always land on your feet when you fall, I'll show you how to keep from falling on the playground or at home.

Duffy Dog

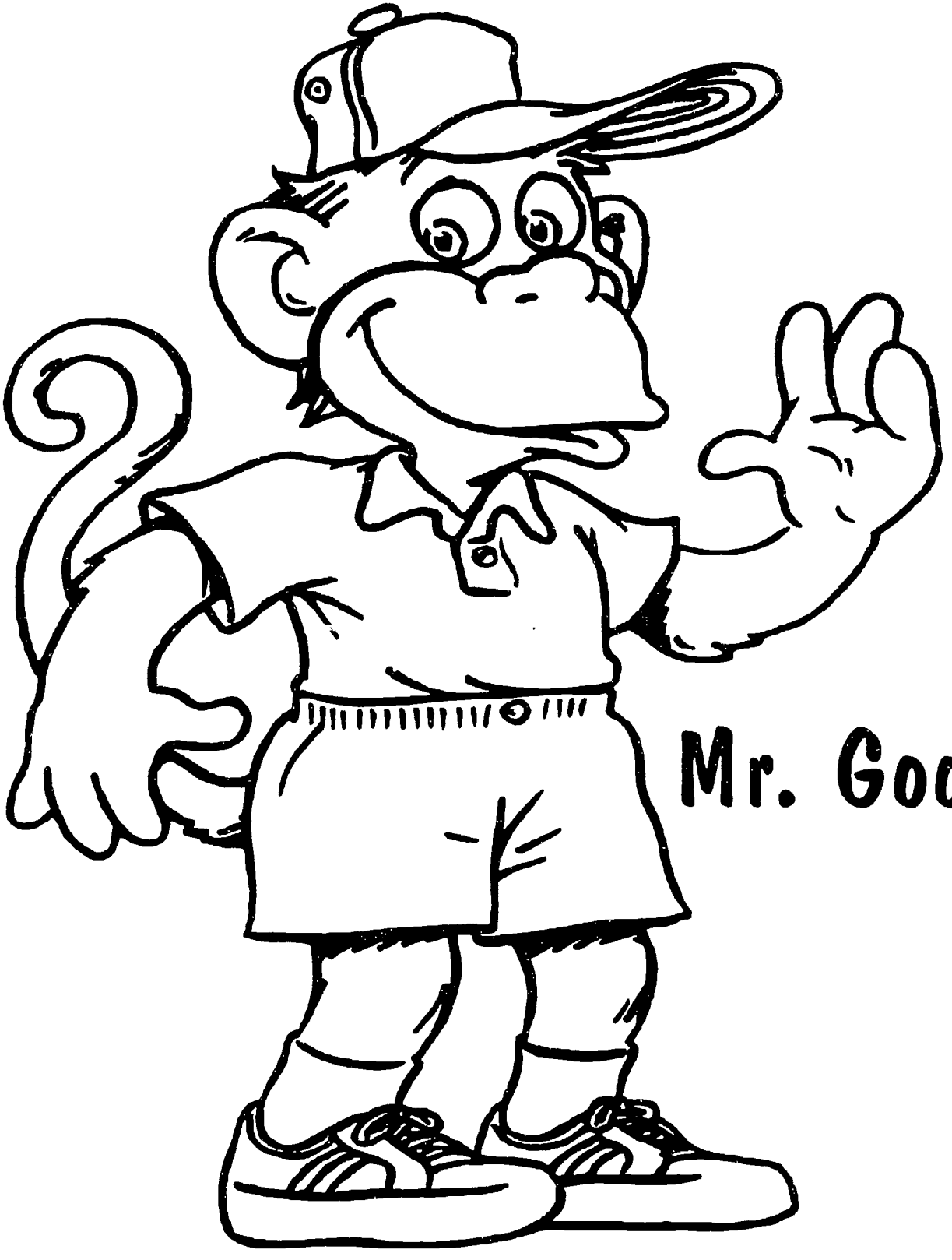
Duffy Dog

HI! My name is Duffy Dog. I never touch dangerous things like guns or knives unless my parents are there and say it's O.K. I'll show you the safe way to act if you see a gun or a knife.



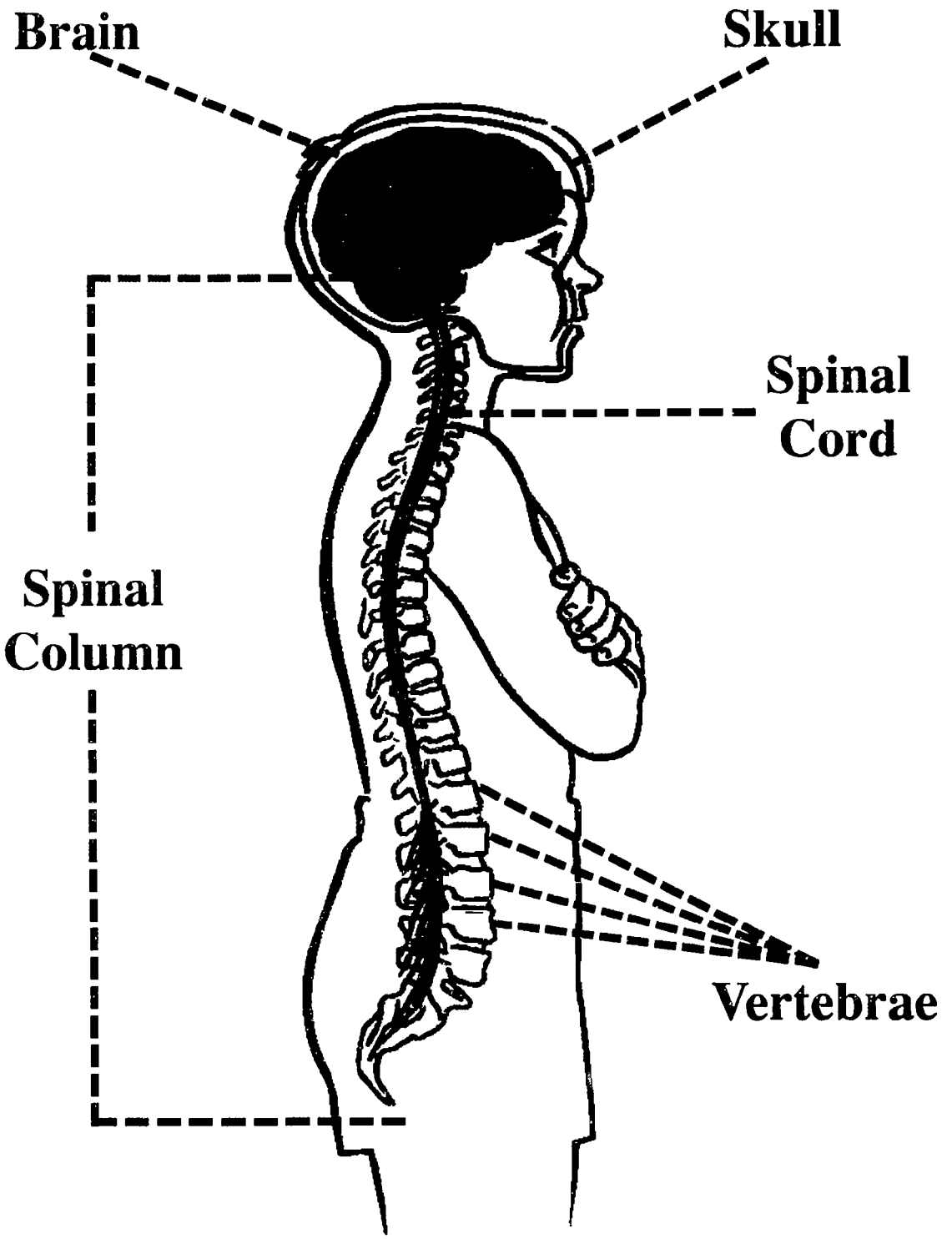
Daisy Dolphin

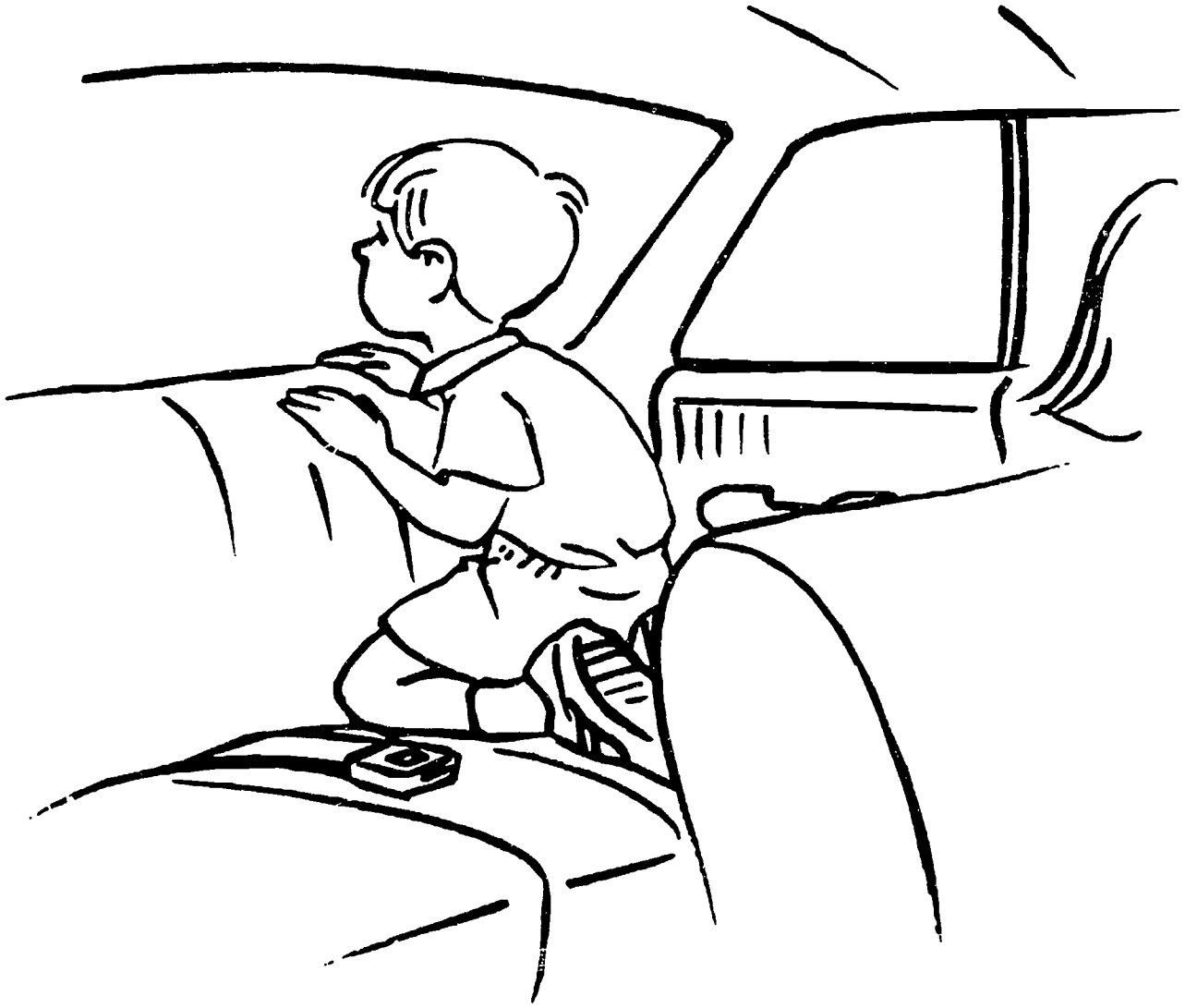
HI! My name is Daisy Dolphin. Dolphins are good swimmers, and we're smart. I'll show you how to be safe and smart when you're having fun in the water.

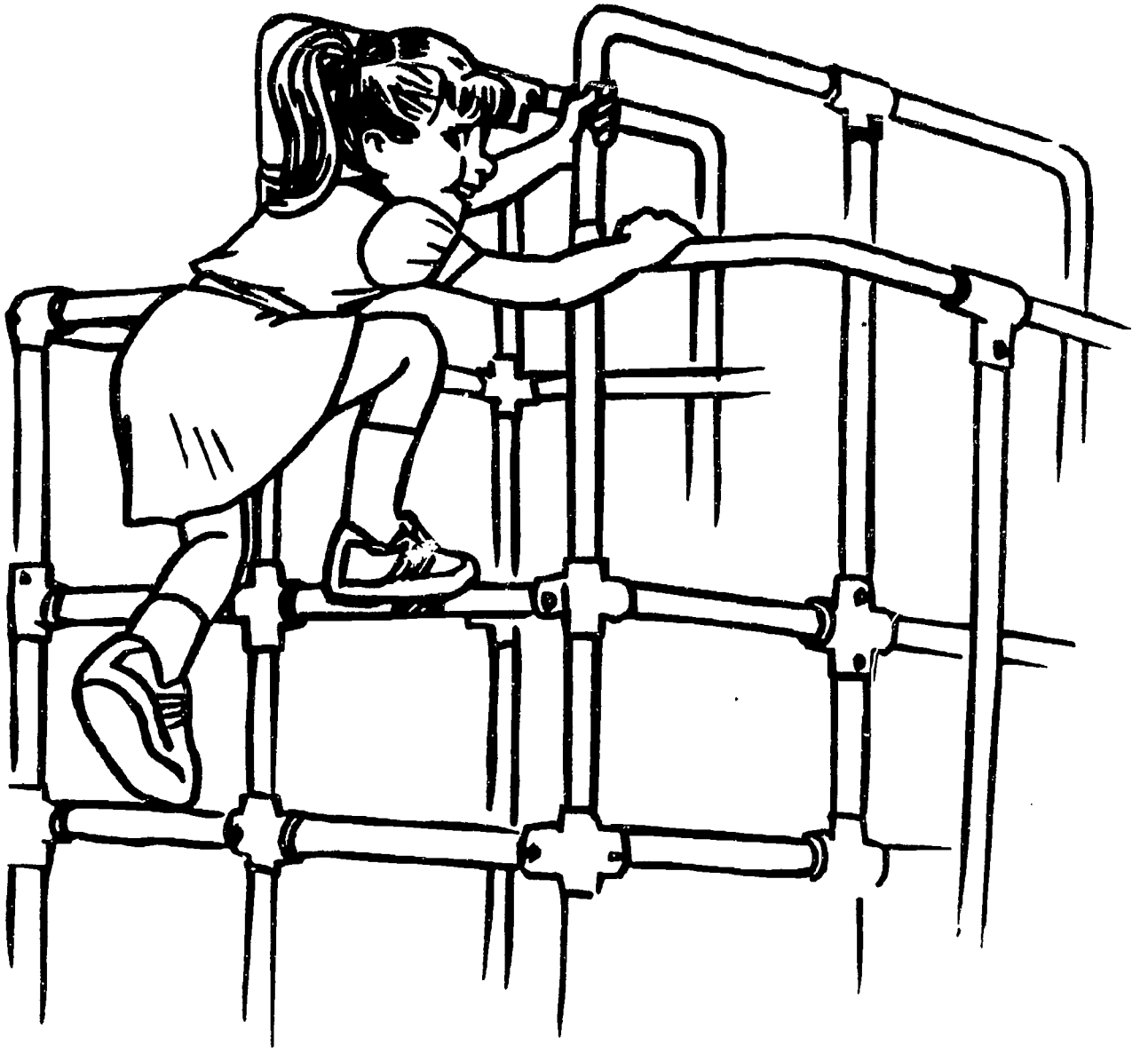


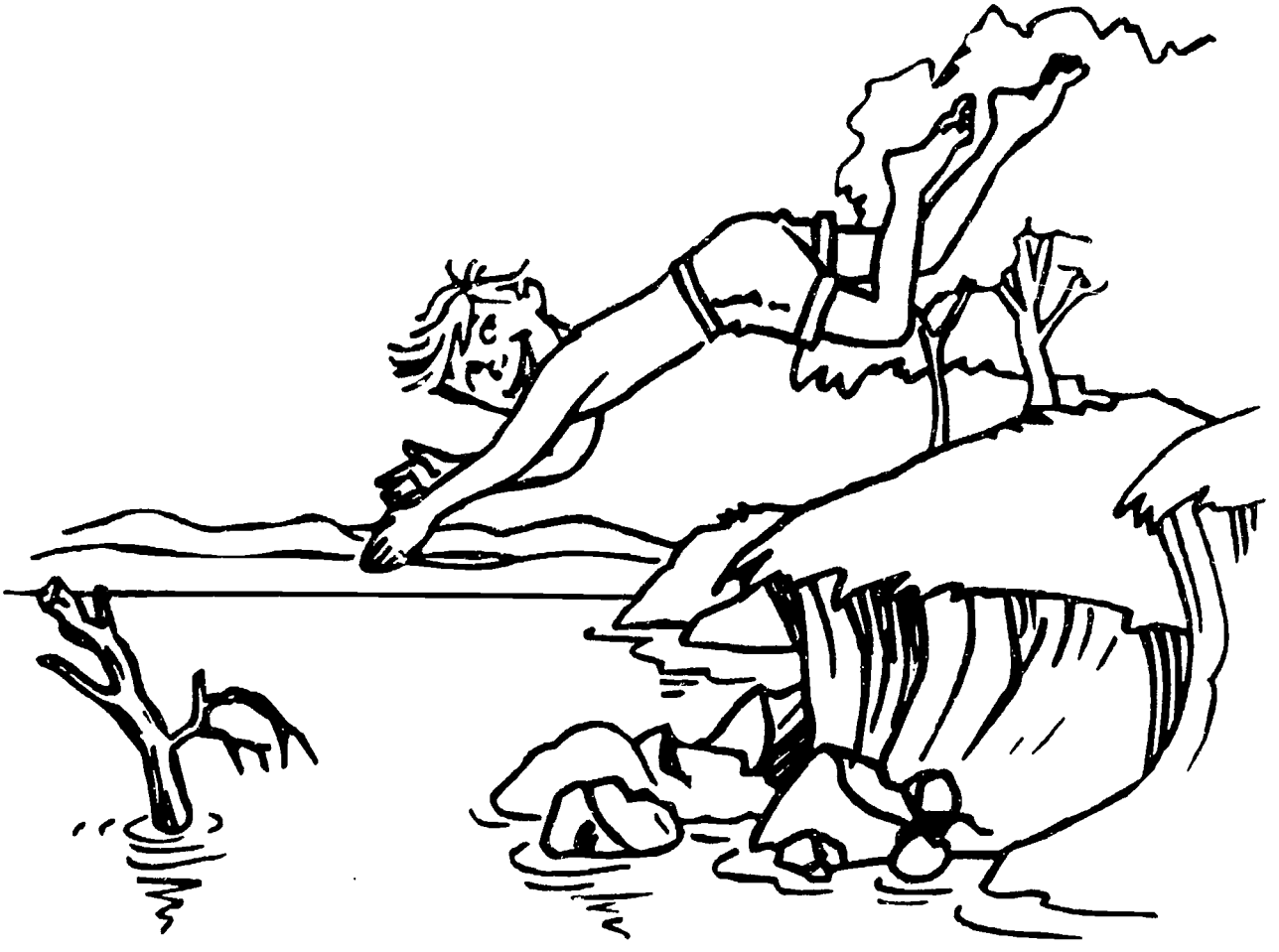
Mr. Goof

HI! My name is Mr. Goof. I love to have fun, but just like my name says, I usually goof up. I'm lucky to have so many friends to show me how to be safe, because it's no fun to get hurt! Will you help me learn?

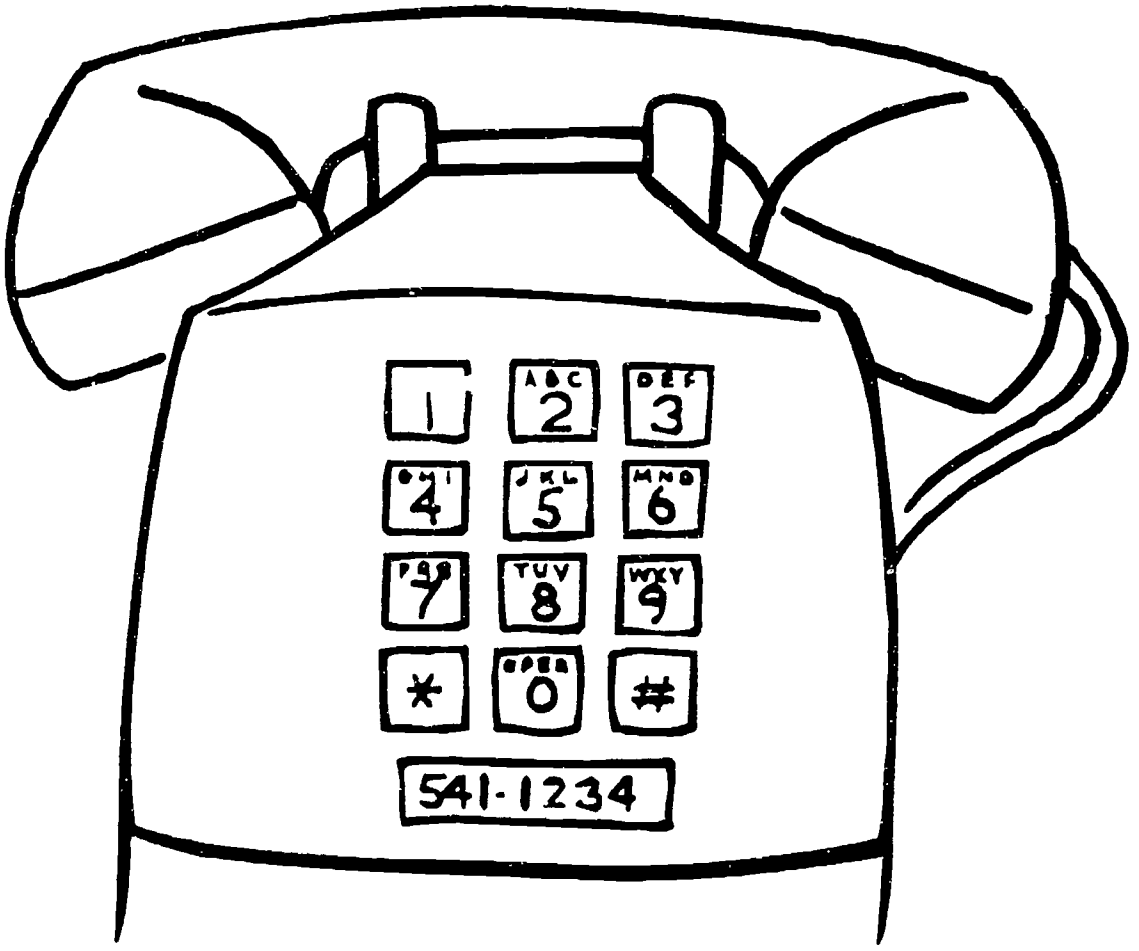






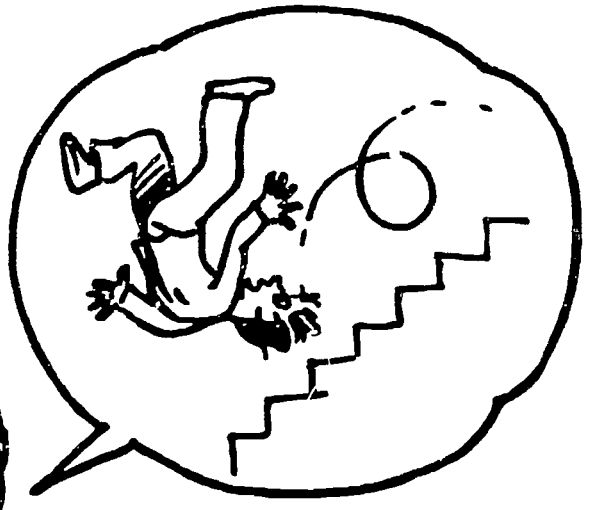


Rachel Says: "Dial 911 or 0 in an emergency!"

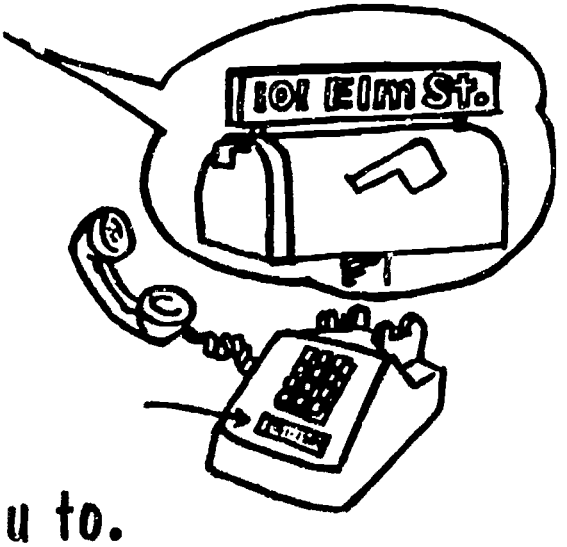


Rachel's Phone Skills

1. Speak clearly.



2. Tell what happened.



3. Tell where you are... give address if possible.

4. Do not hang up until the operator tells you to.

Date _____

Dear _____ ,

I brought this letter home to let you know that I will be learning about what I can do now and the rest of my life to prevent serious injuries like spinal cord and brain injuries. About 7,500 people are paralyzed permanently from spinal cord injuries every year and 500,000 receive brain injuries, some of which permanently affect that person's ability to think, work, remember, go to school, and live independently. My teacher tells me that many of these injuries are avoidable; for example, always wearing a safety belt is very important.

I need to learn these things now, when I am young, so that I will know how to behave safely and prevent injuries to myself and others. Also, I need to learn these things now so I will know what to do when I am on my own and I can't count on you to protect me anymore. I'll be learning about what the spinal cord and brain do, and I'll be learning about motor vehicle safety, pedestrian safety, bike safety, playground/ recreational sports safety, preventing falls, weapons safety, and water safety. I'll be doing some of these activities at home. I hope you will ask me about them, help me when I need it, and encourage me to put into practice the things I learn about safety. Who knows, maybe someone else in the family could benefit from what I learn as well.

Love,

UNIT II:

MOTOR VEHICLE SAFETY

Motor vehicle accidents are the leading cause of brain and spinal cord injuries nationwide. It has been shown conclusively that correctly using safety belts is the most effective means of preventing serious, disabling injuries in motor vehicle accidents. The main goal of this unit is to establish a "habit" of buckling up at an early age. Rachel Raccoon is the safety animal for this unit.

MOTOR VEHICLE SAFETY

(Grades 1 and 2)

LIFESTYLE GOALS

I. Use a proper restraint device at all times

II. Understand the rules and signs designed to promote traffic safety

III. Practice safe passenger conduct to assist the vehicle driver

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Describe and identify different occupant restraint devices

2. Recognize proper and improper use of restraint devices

3. Identify the benefits of using safety restraints

4. Identify traffic signs and signals which promote automobile safety

5. Identify the benefits of obeying traffic rules and signals

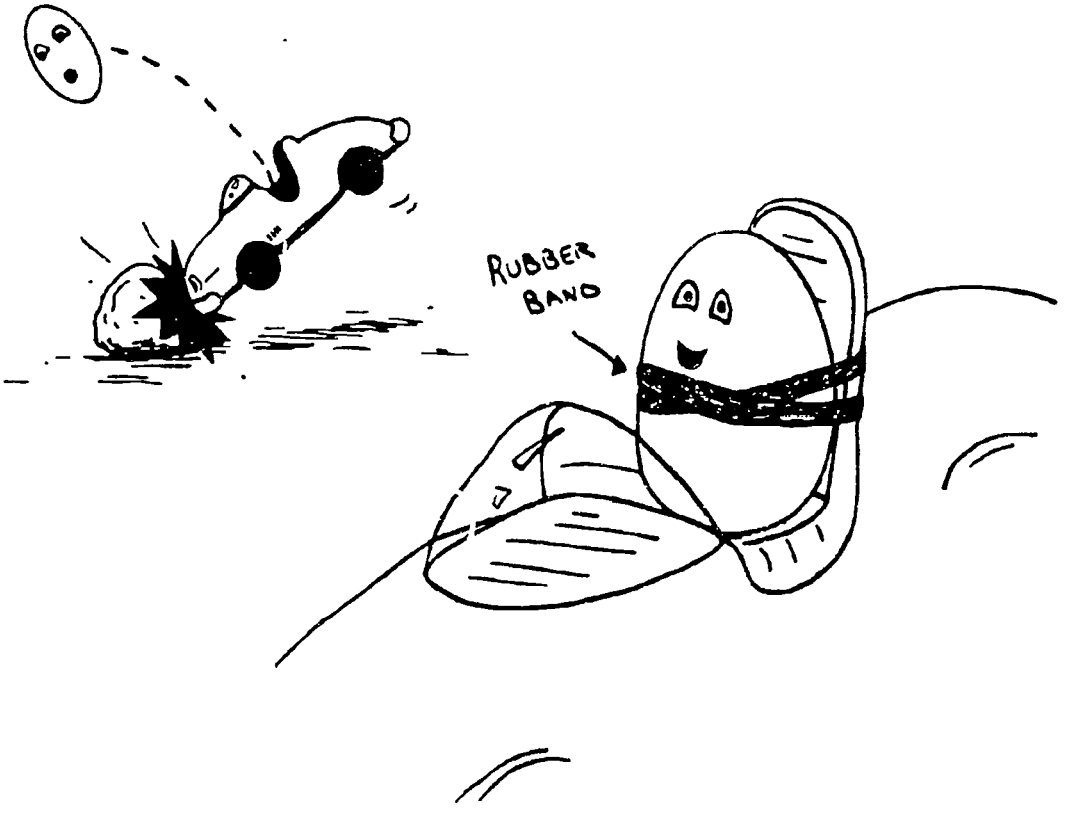
Activity 1: Ask a Police Officer *Obj. 1-5*

Invite a police officer or an Emergency Medical Technician (EMT) to visit the class and discuss the different safety restraints, signs, and signals. Have the officer describe the dangers of not using restraints and ignoring traffic signals and signs.

Activity 2: Egg-Mobile *Obj. 3*

[Materials needed: uncooked eggs, open or "convertible-type" plastic toy car which rolls easily, rubber bands]

Place an uncooked egg in the driver's seat of a durable, rolling plastic car. (Note: you may want to practice the following activity yourself before trying in front of your class!) On a sidewalk or easily-cleaned hard floor, roll the car into a wall and allow the students to see what happens to the unrestrained egg. Next, secure another egg in the same car by means of a tightly-looped rubber band wound around the driver's seat or other convenient anchor point (see below). Now roll the car into a wall at the same speed. Discuss the similarities between the rubber band and a safety belt. Explain that the occupant in a real car wouldn't have to fly out of the car to be hurt in an accident—smashing into the dashboard or steering wheel could do just as much damage.



Activity 3: Road Sign Road Trip *Obj. 4, 5*

Review the road signs pictured on pages 45-59 with your class. Explain what each sign means to drivers *and* pedestrians, if applicable. (You may want to make copies of these sheets and have younger students color the signs appropriately.) Ask the students if they can think of signs and signals not pictured, and what drivers and pedestrians should do to properly obey them. Next, take the class on a short trip around the school and see how many signs they can properly identify and explain. Older students may be given a homework assignment to compile lists of as many signs and signals as they can. You may wish to award a prize to the student with the longest list.

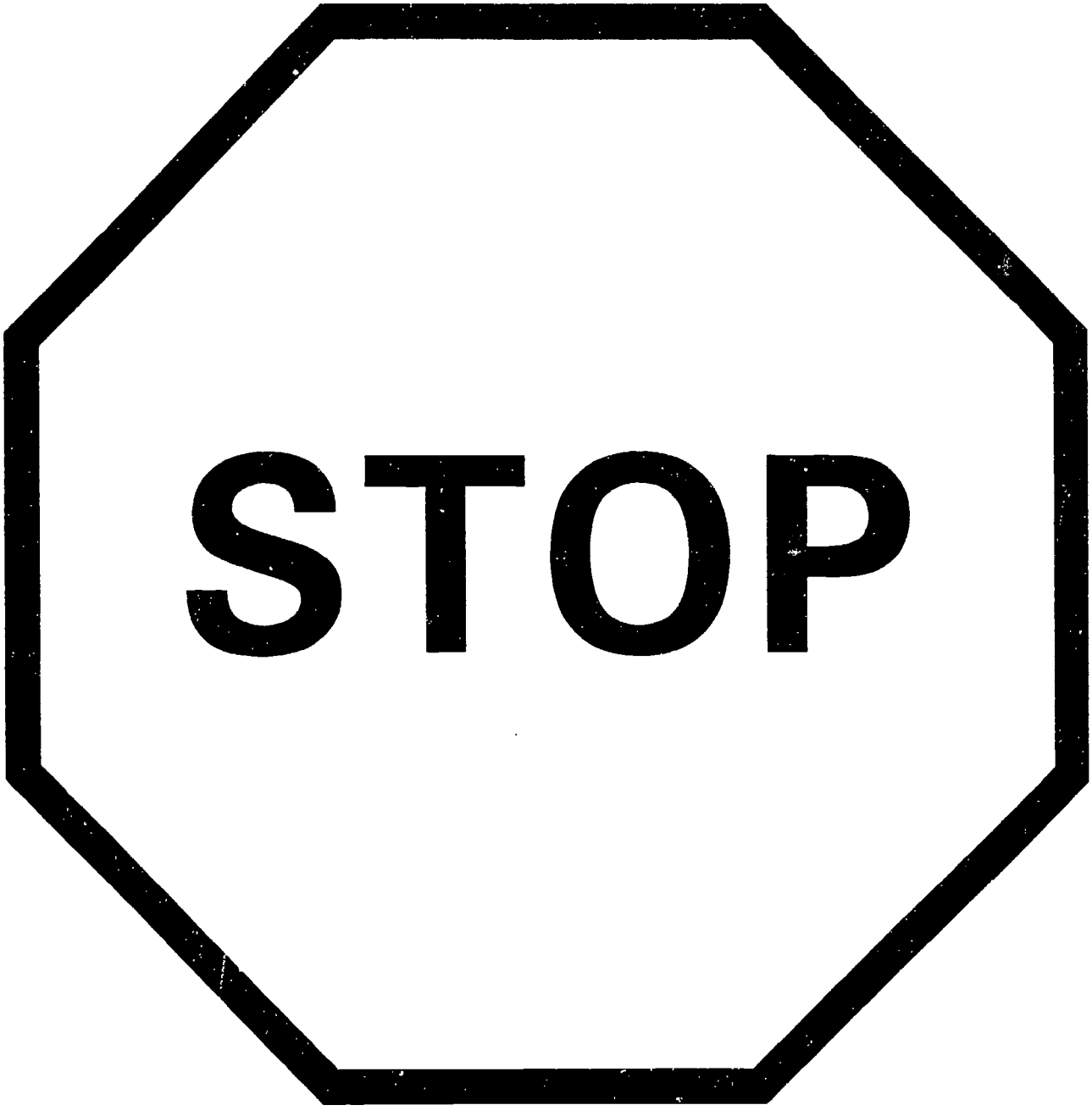
Activity 4: What If? *Obj. 4, 5*

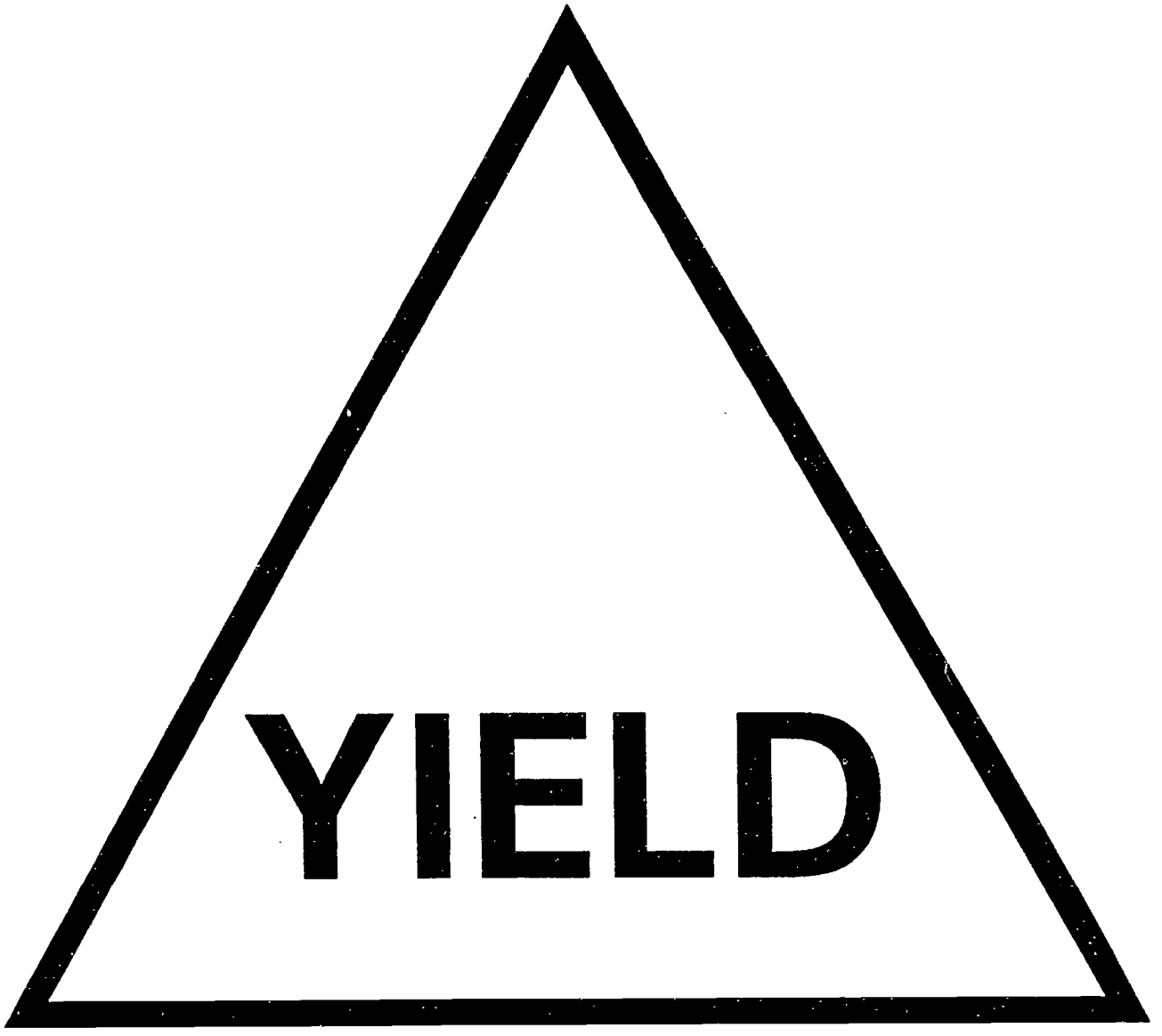
Discuss the situation sheets on pages 61-67 with your class. Ask the students not only what might happen if Mr. Goof doesn't obey the signs and signals, but also if the students have had similar personal experiences with people running stop signs, illegally parking in handicapped spaces, etc. Ask the students why the signs and signals are there, and how they feel about Mr. Goof disobeying the rules. Finally, ask the students how important they believe it is to follow traffic and pedestrian signs and signals.

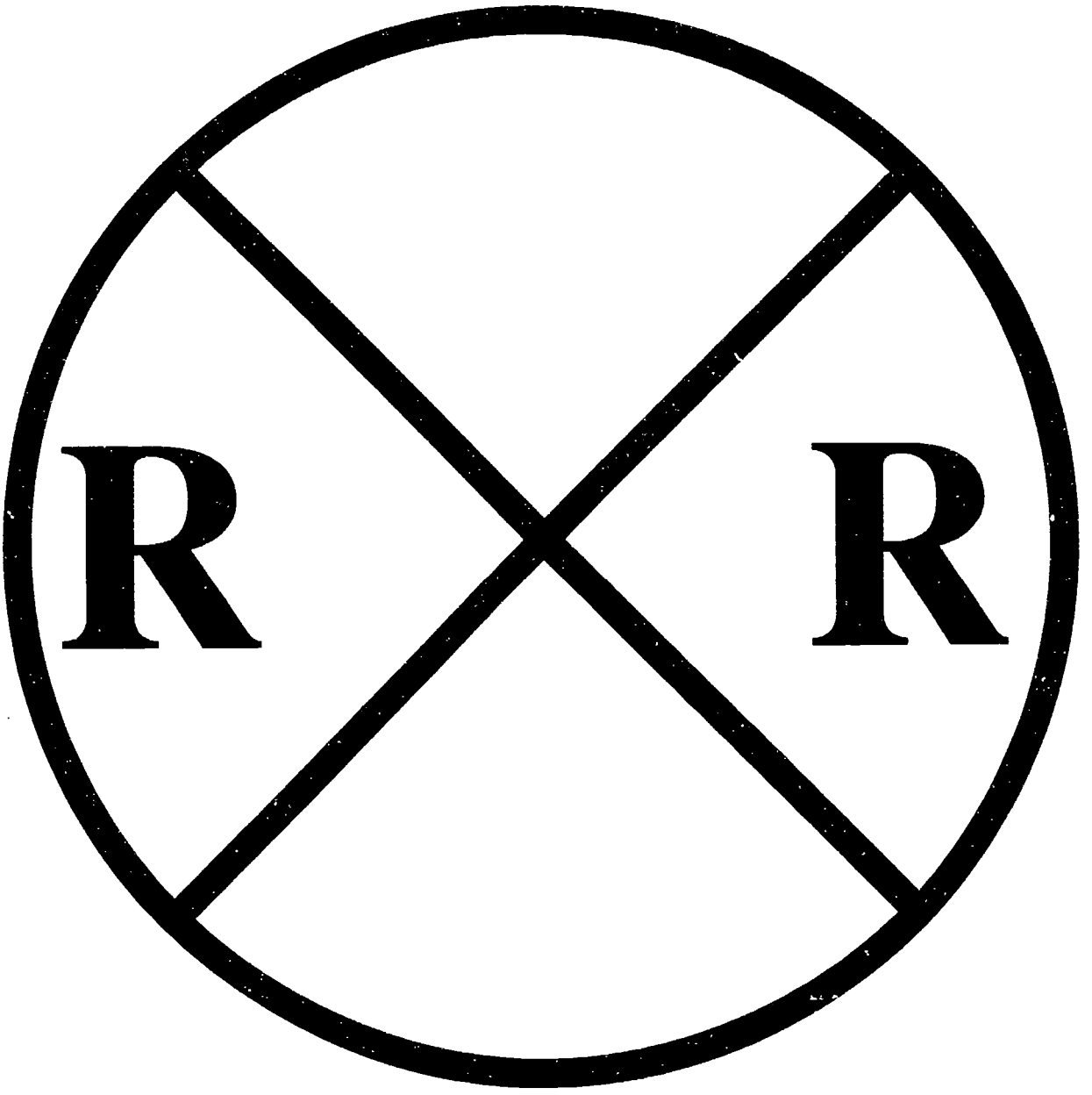
Activity 5: Safety Belt School Posters *Obj. 1-3*

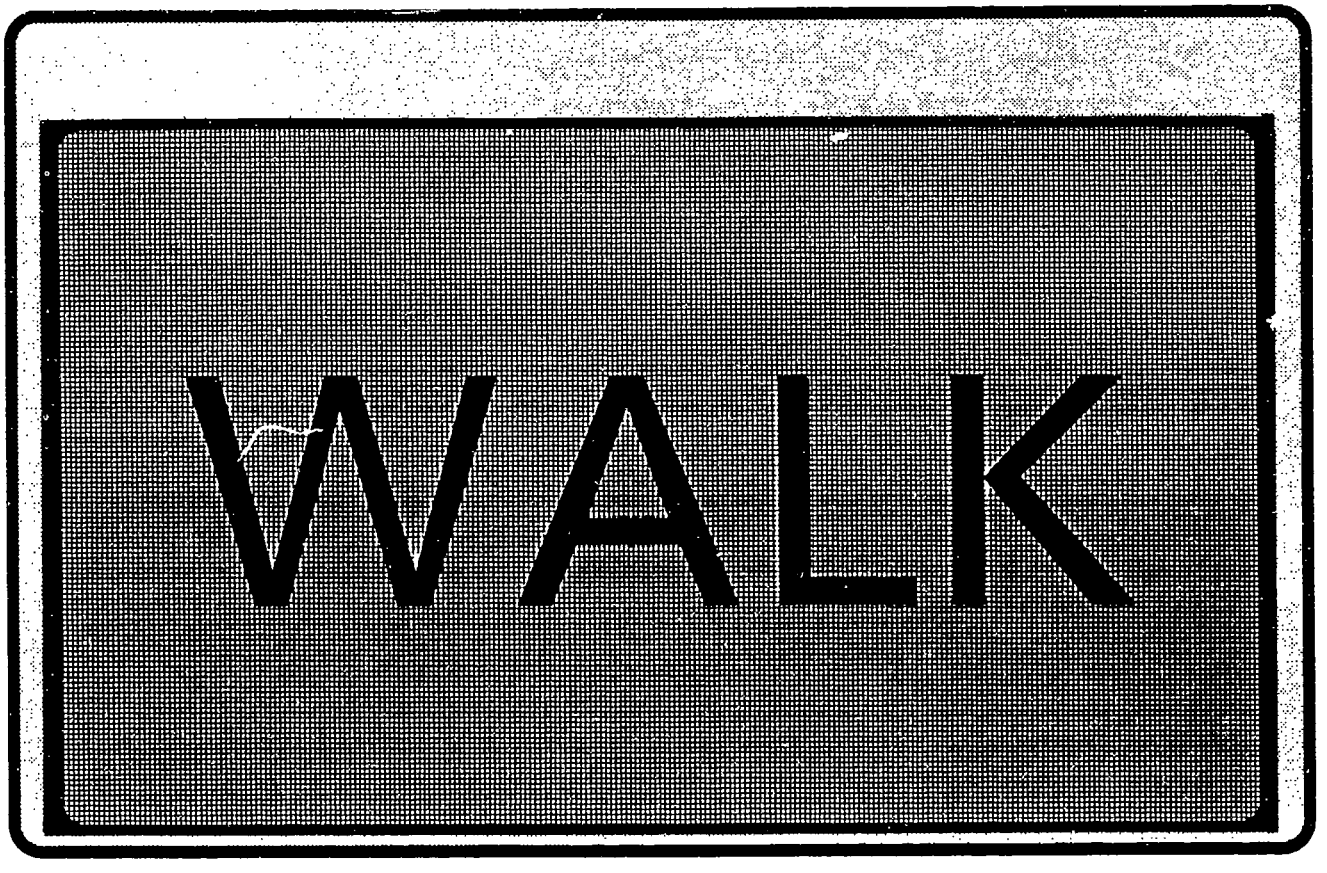
[Materials needed: poster boards, markers or crayons]

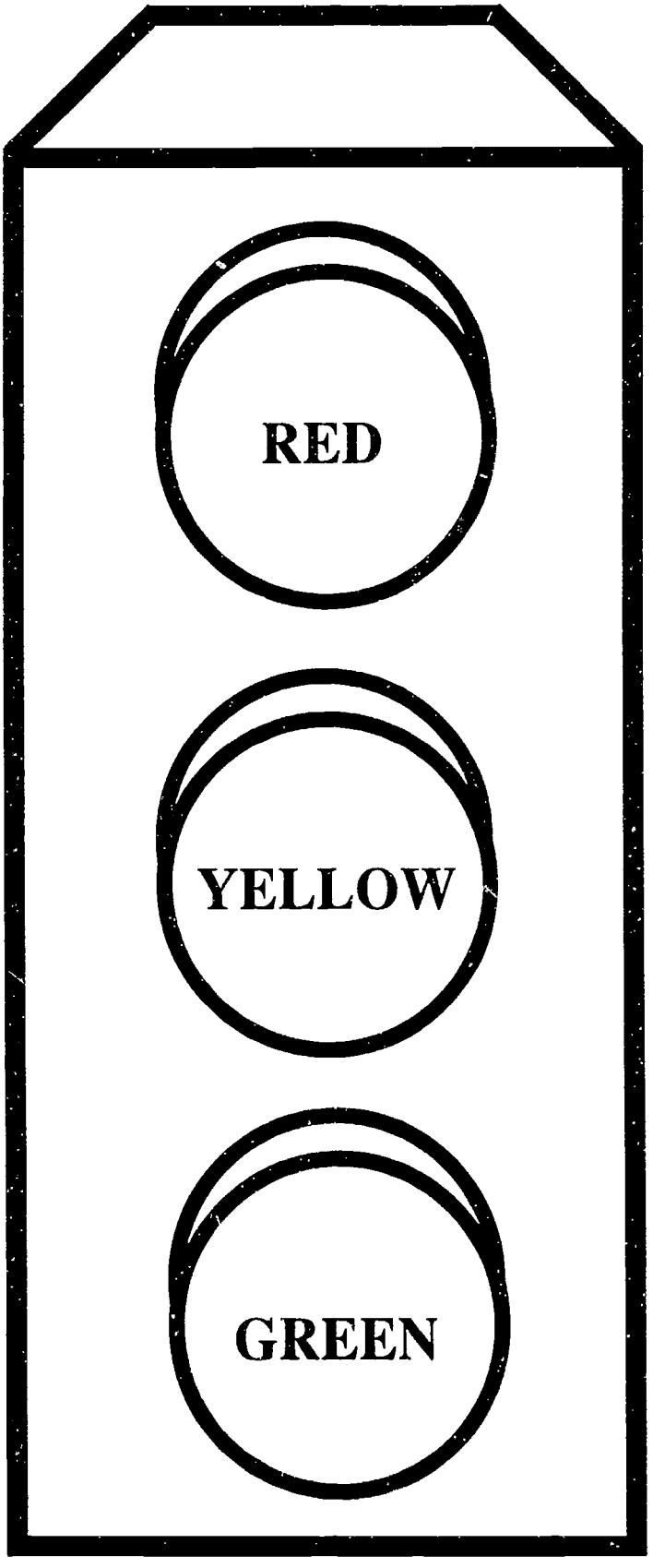
Have each student design a poster about motor vehicle safety and safety belts. Display the students' posters in the classroom or school hallways. You may wish to provide some sample titles or slogans for students to add to their drawings, such as: "Buckle Up," "Ride Right," "Use Your Hands," etc.

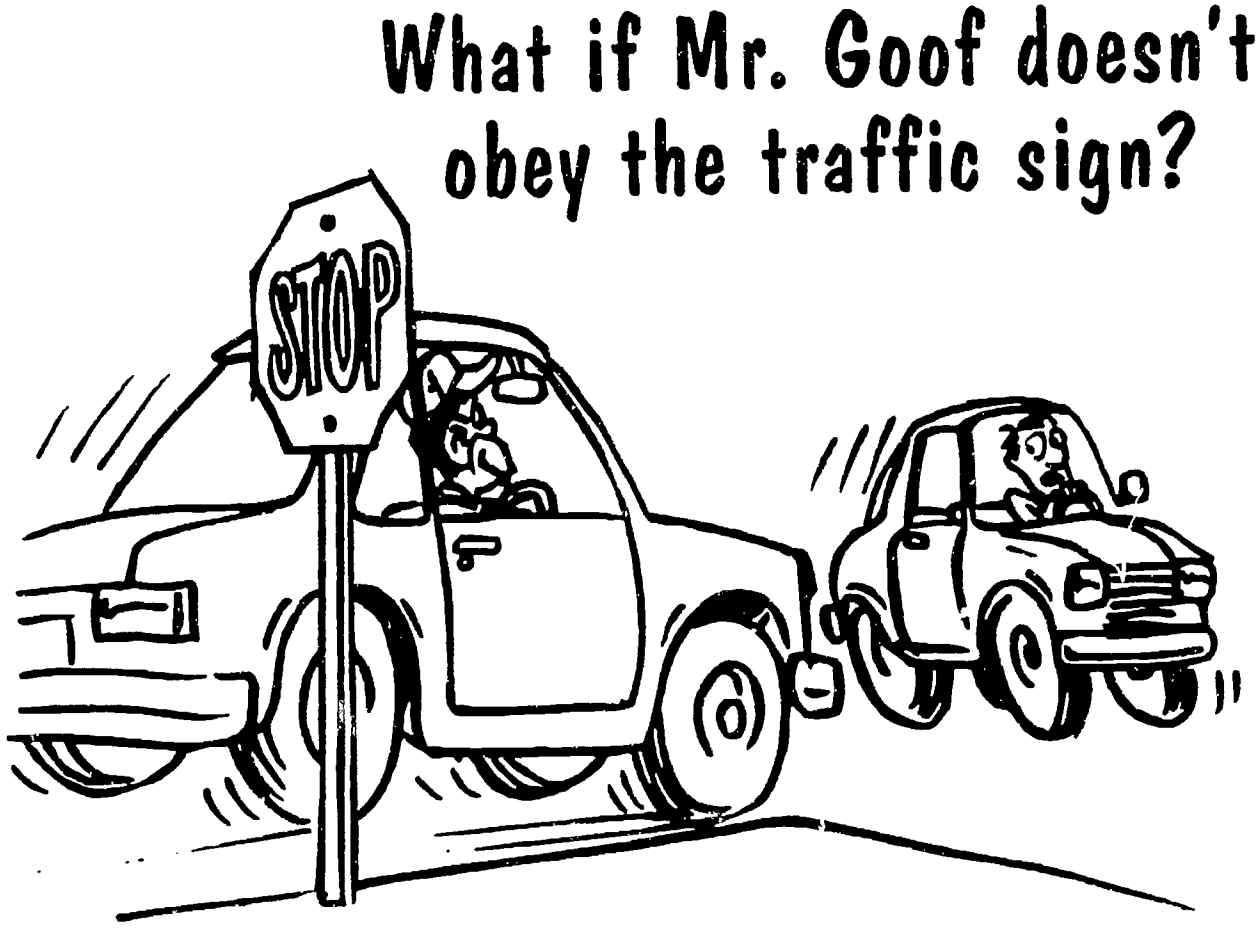




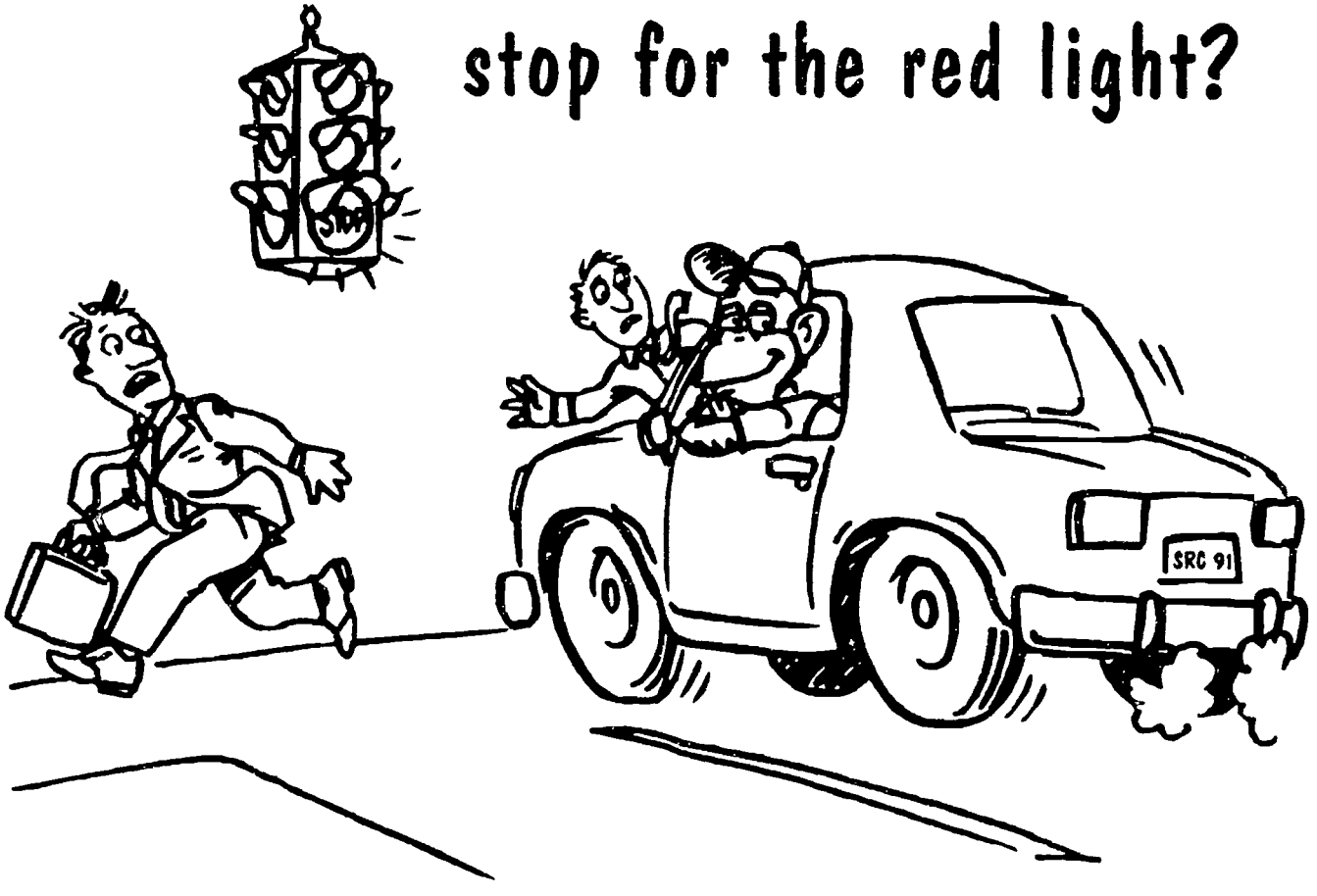








What if Mr. Goof doesn't stop for the red light?



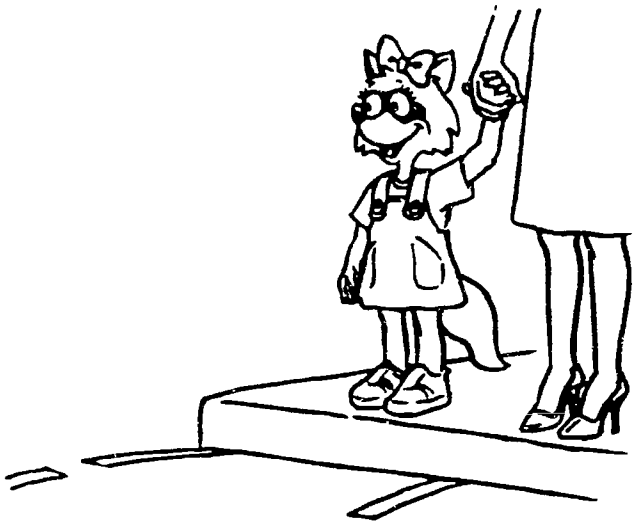
UNIT III:

PEDESTRIAN SAFETY

In our fast-paced lives, many of us have become better jaywalkers than pedestrian safety advocates. The goal of this unit is to instill "pedestrian patience" as well as review pedestrian safety tips and safety signs. Rachel Raccoon is the safety animal in this unit.

PEDESTRIAN SAFETY

(Grades 1 and 2)



LIFESTYLE GOALS

I. Recognize potential hazards for pedestrians in streets and parking lots

II. Practice "safety first" in crossing public streets

III. Obey signs and signals for pedestrian safety

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Demonstrate the safety rule of "Stop, look both ways, and listen"
2. Identify signs and signals which apply to pedestrians
3. Demonstrate the proper way to cross a street
4. Demonstrate proper way to wait for, enter, and leave a school bus

Activity 1: Rachel's Pedestrian Safety Tips *Obj. 1-3*

Discuss the safety tips listed below and illustrated on page 73, then post for class display. In addition, you may want to make copies of the safety tips sheet, cut out individual tips for each of your students, and laminate them if your school has a machine. Have students review their tips periodically and recite them in class.

- **Stop, look both ways, and listen**—Tell your students to stop, look both ways, and listen when crossing any street.
- **Walk on the left side of the street**—Remind your students to walk against the direction of traffic (so that drivers can see them more clearly).
- **Wear "light" at night**—Discuss the importance of wearing light, reflective clothing at night. White, fluorescent, or reflective clothing (including reflector tape and round reflectors) make pedestrians more visible in car headlights.
- **Obey traffic signs** (and signals!).

Activity 2: Rachel Walks to School *Obj. 1-3*

Pass out copies of the sheets on pages 75 and 77 and read together with your class. Pause at each picture to have the students call out the name of the object.

Activity 3: Help Mr. Goof Cross the Street *Obj. 1-3*

Copy the picture on page 79 for your students. Use the following question to motivate a discussion:

Before Mr. Goof crosses the street, what should we tell him?

- Stop, look, and listen (have the children role play by holding up their hands in the stop position, looking both left and right, and putting their hands to their ears)
- Wait for the "Walk" sign, then make sure all the cars have stopped before you cross the street
- Use the crosswalk

After the class has helped Mr. Goof safely cross the street, take the students outside to a crosswalk (if available) and supervise them as they practice what they have learned.

Activity 4: Pictures to Learn By *Obj. 1-3*

Pass out copies of pages 81 and 83 and allow the students to color their pictures. Then ask students to:

1. Count the number of children safely crossing the streets of **Safe Town** (i.e., holding an adult's hand, walking with the "Walk" sign, etc.) **[6 children]**

2. Count the number of children not crossing **Safe Town** streets properly (i.e., walking with the "Don't Walk" sign, racing traffic, etc.) **[6 children]**

3. Count the number of children safely crossing the parking lot of **Safe Supermarket** (i.e., holding a parent's hand or sitting in a push cart) **[5 children]**

4. Count the number of children not crossing the **Safe Supermarket** parking lot properly (i.e., running between cars or standing in a push cart) **[6 children]**

Activity 5: Stop, Look, and Listen *Obj. 1-3*

Show the children the pictures on pages 85 and 87. Have them describe what Mr. Goof is doing that might cause an injury. Then have them describe how Rachel is behaving safely in the same situation. Similarly, show the students the pictures of Mr. Goof and Rachel on pages 89 and 91 and ask them to describe these unsafe (Mr. Goof) and safe (Rachel) situations.

Activity 6: Always Be Seen *Obj. 4*

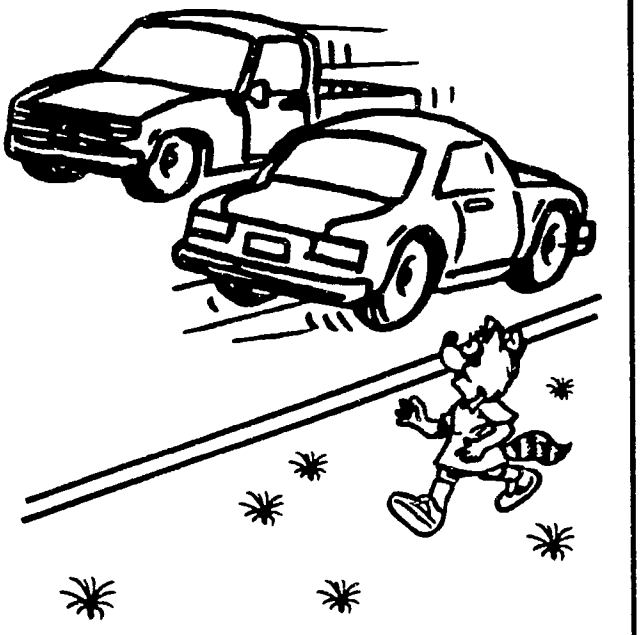
Arrange chairs to represent a school bus. Demonstrate how to get on the bus (wait for bus to stop and door to open before going near the street, enter single-file, hold handrail when stepping up). Demonstrate how to get off the bus (wait patiently in line to exit, no pushing or shoving, hold handrail when stepping down). Explain to the students that if they must cross the street they should walk several feet in front of the bus to allow the driver to see them. Tell them that if they drop something they should not go back for it until the bus and all cars are gone.

STOP, STOP

LOOK,

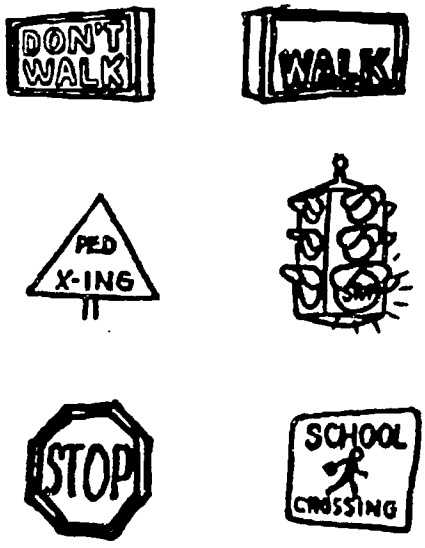
and

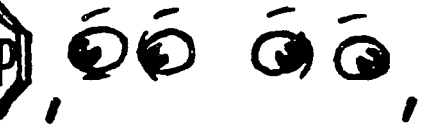
LISTEN.



Walk on the left side of the street.

Obey traffic signs.



 is walking to school. She has to cross the  . What should she do? She should  ,  , and  .  walks some more. She sees a funny sign. It looks like this: 

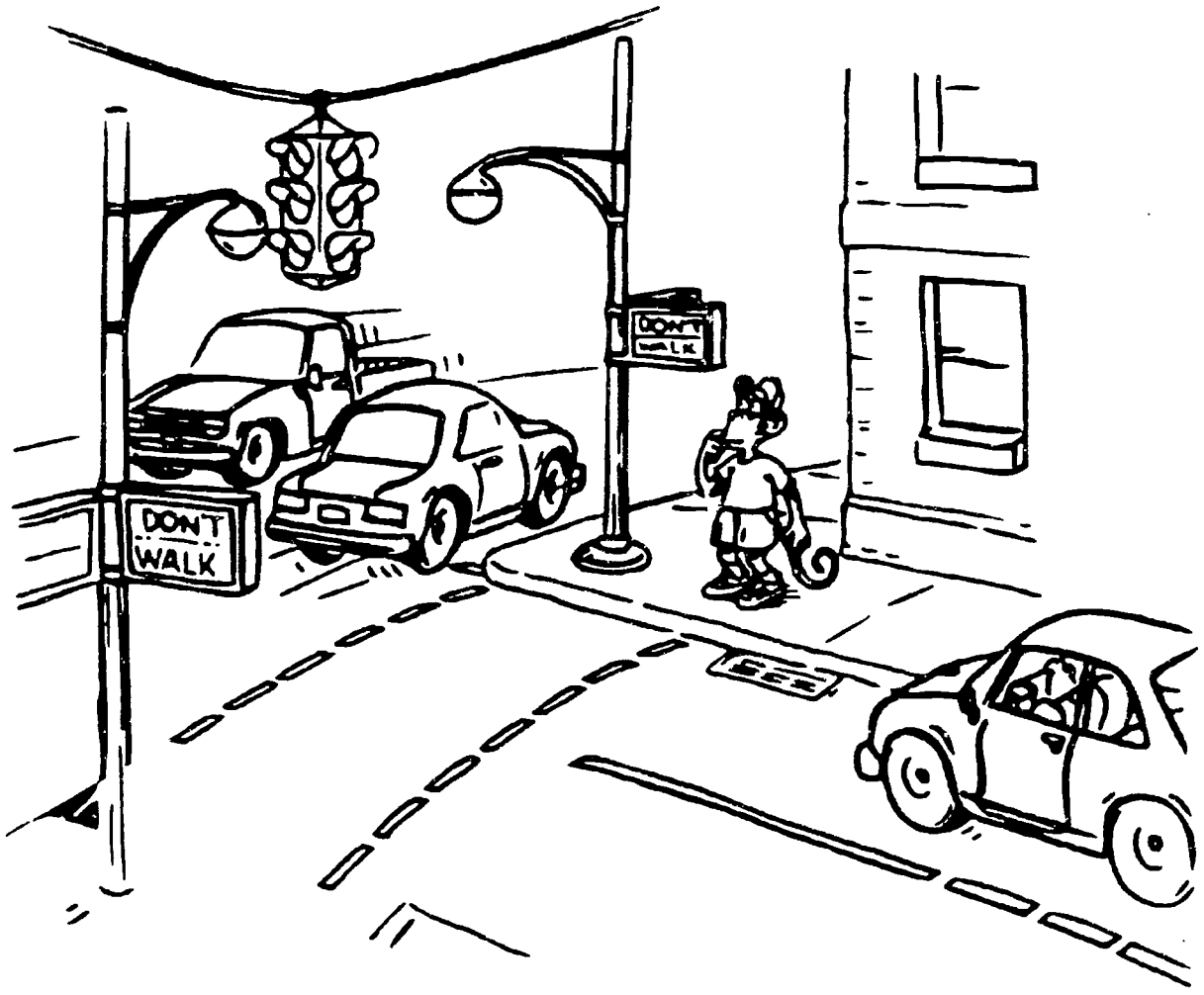
. She knows it means she can cross the  here if no  are coming.  keeps on walking. Soon she sees a  . She looks around and sees a sign that says 

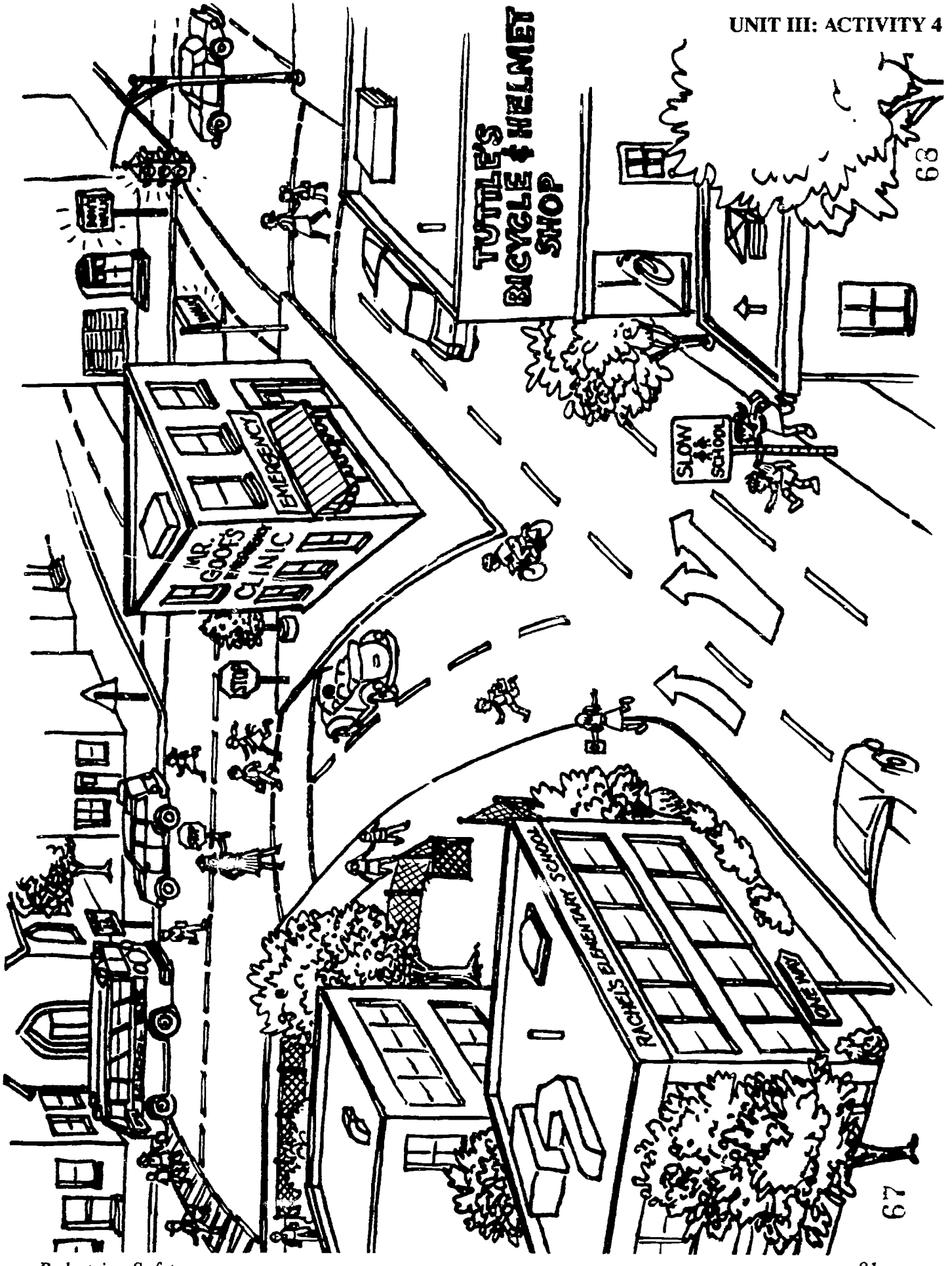
. Even though she doesn't

see a  , she knows she shouldn't cross the  . Soon the sign changes and looks like this: 

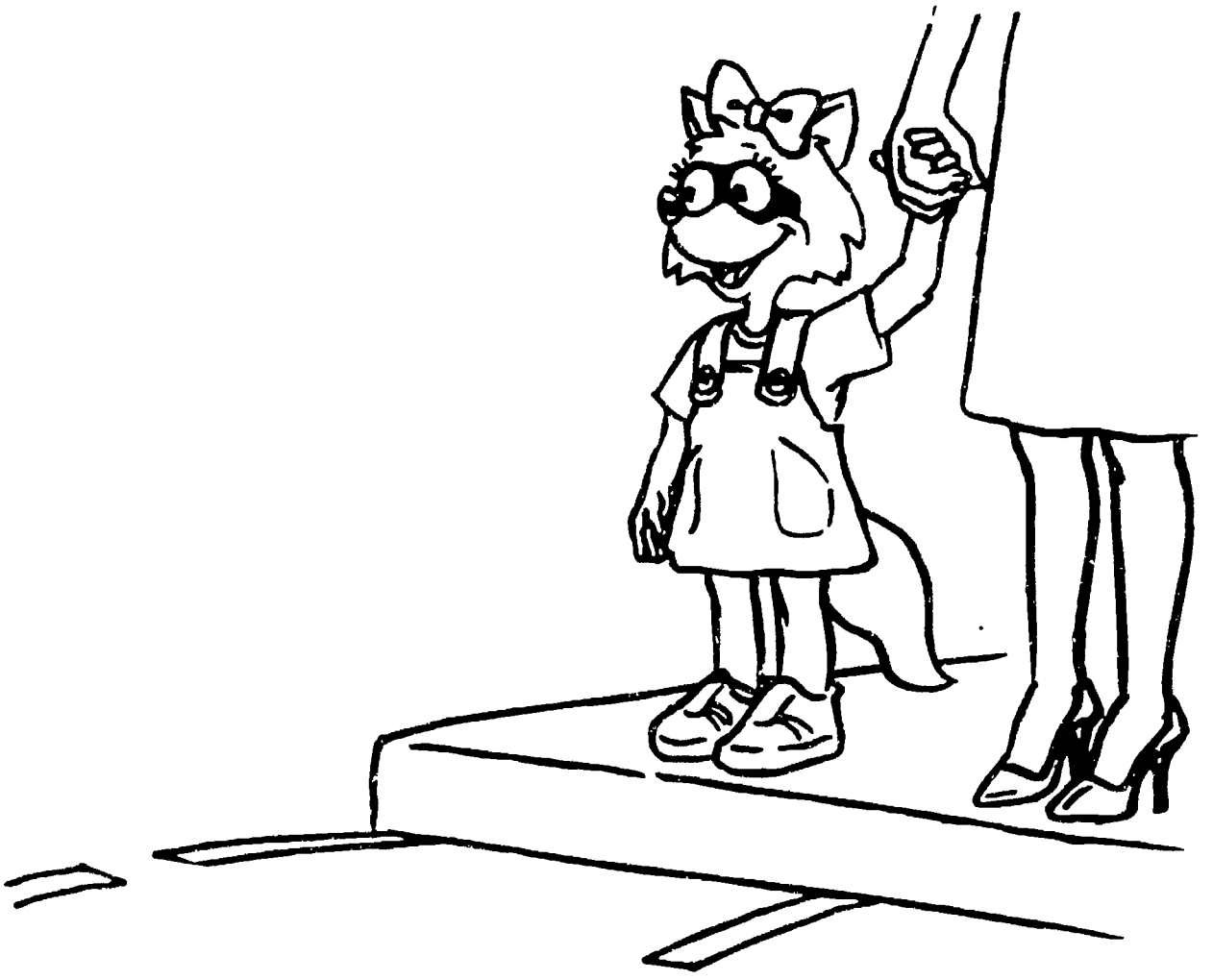
. Now,  knows she can cross the  safely.  is almost at school but she still has one more  to cross. She sees a sign that looks like this: 

. She knows the crossing guard will help her cross the  . Now  is safely at school. She has followed all the rules!






SAFE SUPERMARKET
NO PARKING
NO PARKING
STOP
STOP
PEDESTRIAN CROSSING
CART PARK



UNIT IV:

BIKE SAFETY

Bike helmets and other protective gear have been shown to save lives and prevent serious brain injuries. Bike racing has gained popularity in recent years. The fact that the helmets and pads worn by these racers are so highly visible makes using such safety gear more acceptable to young bike riders. The goal of this unit is to establish a habit-forming routine of wearing bike helmets and other safety equipment when riding bikes, even on the shortest rides. Tuttle Turtle is the safety animal in this unit.

BIKE SAFETY

(Grades 1 and 2)

LIFESTYLE GOALS

I. Wear appropriate clothing and/or gear to promote bike safety

II. Be aware of possible hazards when bike riding

III. Obey traffic rules and signs when riding bikes on public streets

IV. Use good judgment and avoid risks "off road"

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify protective clothing and gear appropriate for bike riders
2. Identify safe and unsafe places to ride bikes
3. Identify risks inherent in bike riding
4. Identify traffic signs and signals which apply to bike riders

Activity 1: Tuttle's Bike Safety Tips *Obj. 1-4*

Read and post the safety tips on pages 97 and 99. In addition, you may want to make copies of these safety tips pages, cut out individual tips for each student, and laminate them if your school has a machine. Have students review their tips periodically and recite them in class. Be sure to discuss the following:

- **Wear your helmet and shoes**—Describe safe biking clothes and equipment, emphasizing the importance of wearing a helmet and shoes (no bare feet, sandles, or loose laces). You may also want to describe a safe bike—one with working brakes, reflectors, no loose chain or other loose parts, etc.
- **Look and listen**—Emphasize that riders should be alert and aware, always using their eyes and ears to look and listen carefully.
- **Ride where it's dry**—Tell your students to avoid riding their bikes on wet pavement, but if they do, they should give themselves extra time to come to a stop.
- **Ride on the right side of the road**—Explain that bike riders should always ride in the same direction as traffic, but on the side of the road (not in the middle!).
- **Ride where it's smooth**—Caution students to avoid loose gravel and bumpy roads.
- **Obey traffic signs** (and traffic signals).

Activity 2: Tuttle's Safety Signals *Obj. 4*

Post copies of "Tuttle's Safety Signals" (p. 101) around the room and review these signals with your students. Have students practice these signals to become safer bikers, first by role playing the signals in class, then as a "homework" assignment on trikes or bikes.

Activity 3: Where Do I Ride My Bike? *Obj. 2*

Ask your students where they ride their trikes or bikes. Using the students' answers, make two lists on the blackboard -- one labelled "Tuttle" for safe places where Tuttle might ride his bike, and one labelled "Mr. Goof" for unsafe places listed by the students. Discuss the final lists with the class, including ways that "Mr. Goof" areas could be changed into "Tuttle" areas. Then have the students get help from their parents to generate their own lists of safe and unsafe biking areas around their homes.

Activity 4: Tuttle's Helmet Hall of Fame *Obj. 1*

Set up a bike safety bulletin board and use Tuttle's picture as part of the title. To kick off this activity, have one student model a safe bike and safe biking clothes/equipment. Then ask the students to bring in pictures of themselves and their bikes with proper safety equipment (minimally, helmet and shoes). Each student picture is then added to "Tuttle's Helmet Hall of Fame."

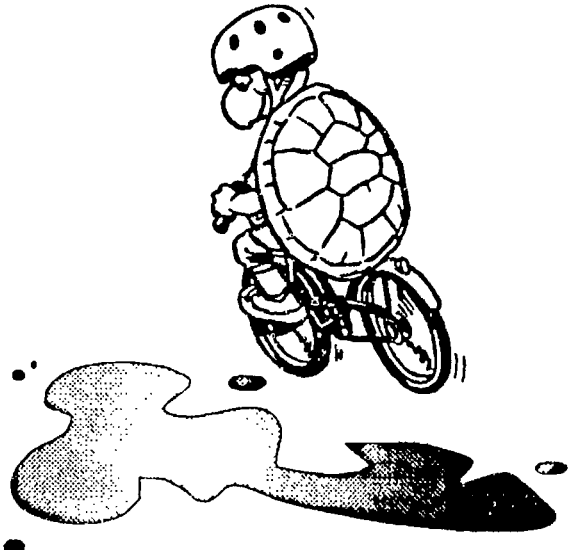
Wear your

helmet
and

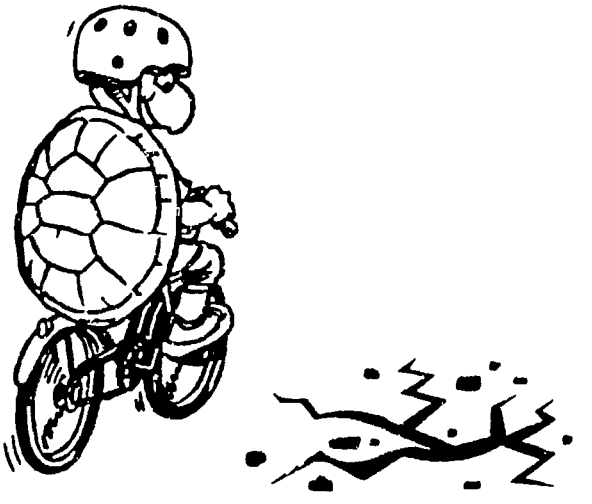
shoes!

Look

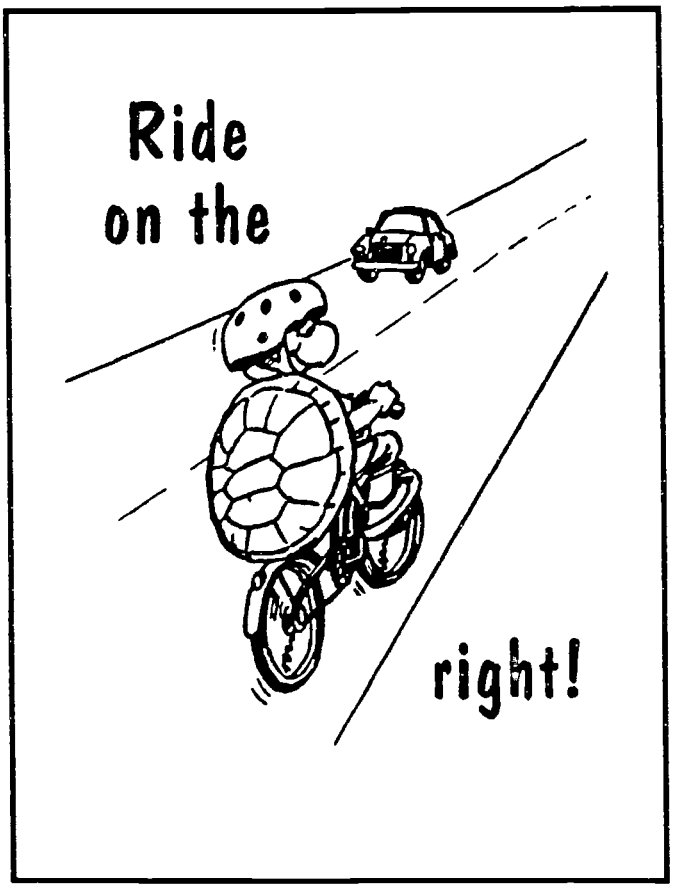
and listen!

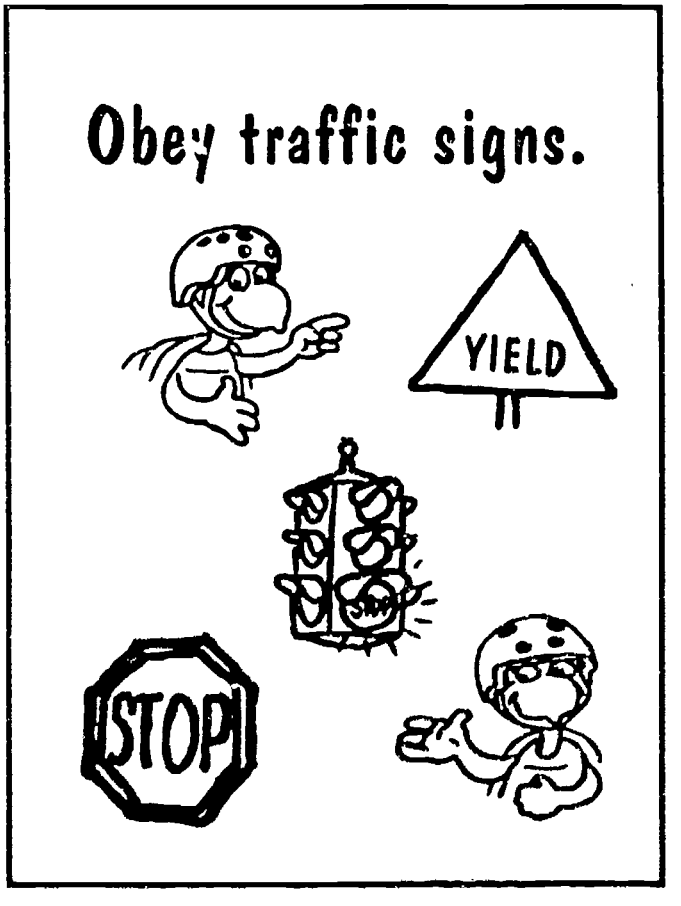


Ride where
it's dry!

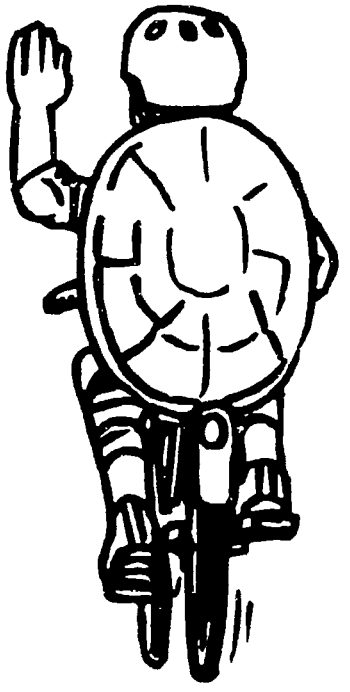


Ride where
it's smooth!

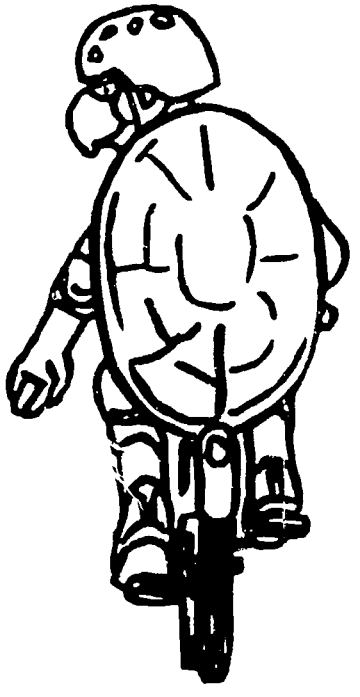




Left turn signal



Right turn signal



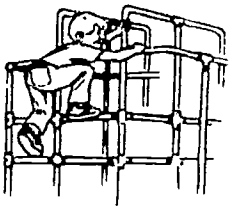
Slow down signal

UNIT V

PLAYGROUND/RECREATIONAL SPORTS SAFETY

Recreational activities, both on the playground and in organized sports, are an important outlet for children. However, safety awareness is essential to reduce the number of recreational accidents (sports activities are the fourth leading cause of spinal cord injury). Alli Cat will introduce the safety tips for this unit.

PLAYGROUND/RECREATIONAL SPORTS SAFETY
(Grades 1 and 2)



Lifestyle Goals

I. Be aware of potentially dangerous situations in play areas

II. Take responsibility for one's own safety on the playground

III. Use proper equipment and appropriate clothing for selected sports

IV. Follow rules of the game/sport

V. Practice conditioning before and after exercise

VI. Recognize the dangers of using motorized recreational vehicles.

Learning Objectives

Upon completion of this unit, students should be able to:

1. Identify hazards of inappropriately using playground equipment

2. Be aware of the possible consequences of playing in unsafe areas

3. Be aware of the possible consequences of not following the rules or dressing appropriately for recreational activities

4. State the importance of warming up before and cooling down after exercise

5. If the decision is made to ride a motorized recreational vehicle, to do so as safely as possible

Activity 1: Alli Cat's Sports Safety Tips *Obj. 1-4*

Read and post the safety tips on pages 107 and 109. You may also want to copy these safety tips pages, cut out individual tips for each student, and laminate them if your school has a machine. Have students review their tips periodically and recite them in class. Be sure to discuss the following:

- **Keep clear**—Make sure your students know to walk or play at a safe distance from swings and slides. Also, urge your students to use caution when swinging bats, golf clubs, tennis racquets, etc.
- **Don't push**—Remind your students to be courteous to others--pushing can cause playmates to trip, fall, and injure themselves.
- **Sit and slide**—Students should never go head-first down a slide.
- **Follow the rules**—Explain that rules allow games to be played safely and make sports enjoyable for all players.
- **Dress right**—Tell your students to always wear proper clothing and safety equipment when playing.

Activity 2: Hazard Hunt and Clean Up *Obj. 2*

[Materials needed: work gloves and trash bags]

Take the class outside to the playground. Tell the students to look for playground hazards (broken glass, swings with broken seats, ditches, etc.) and clean up whatever loose hazards they can. Have a class discussion about what the students collect, allowing students to explain why they chose each object as a hazard. If it has been cleared with the school principal, have the students display their hazards to other classes and to the principal's office, pointing out any uncorrected playground hazards which the school should know about. Remind students that, just as all patients do not follow prescriptions, some playground prescriptions may not be followed. Encourage them to continue their interest in the recommendations they have presented. The next teacher for these students may want to continue this project as on ongoing activity for the class.

Activity 3: Safety Cat Bulletin Board *Obj. 1-4*

Make copies of Alli Cat's Award on page 111. Use these awards to publicly recognize safe playground behavior which you observe, making a point of discussing what you observed and why it was "safe." Place the award with the child's name underneath it on the bulletin board.

Activity 4: Sporting News *Obj. 3*

Ask each student to cut out a picture of his or her favorite sport from a magazine or newspaper and bring the picture to class. Have the students write a safety rule or describe a piece of safety equipment which pertains to their sport, and discuss these in class. Rules and pictures may be posted on bulletin boards or mixed and re-matched as a class game.

Activity 5: Alli Cat Gets In Shape for Safety *Obj. 4*

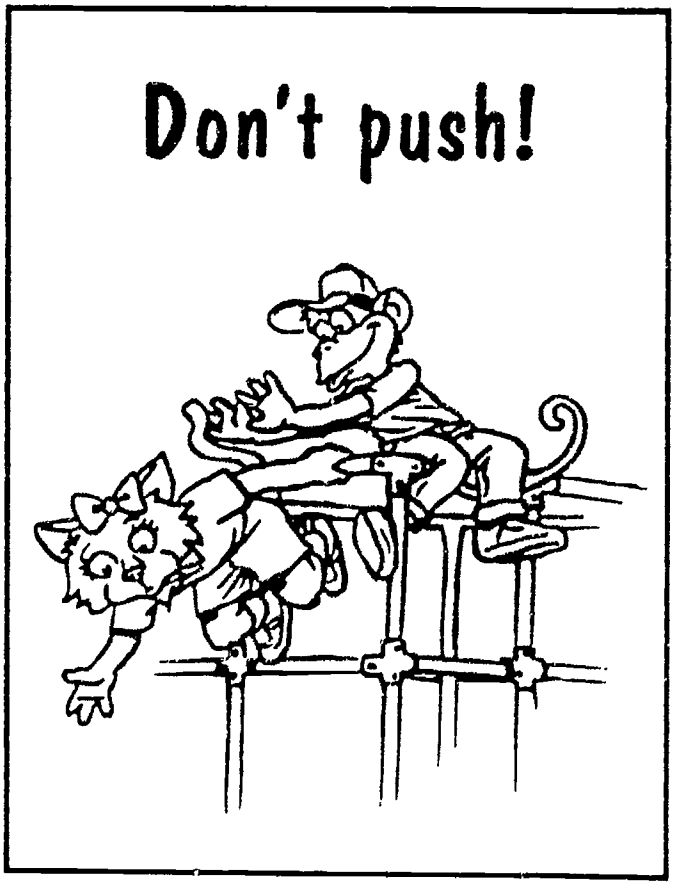
Post the five steps on page 113 and discuss with the class. Explain that a warm-up/cool-down period helps prevent injuries from sports and other athletic activities, and that strenuous activities should only be attempted if the person playing is in good physical condition.

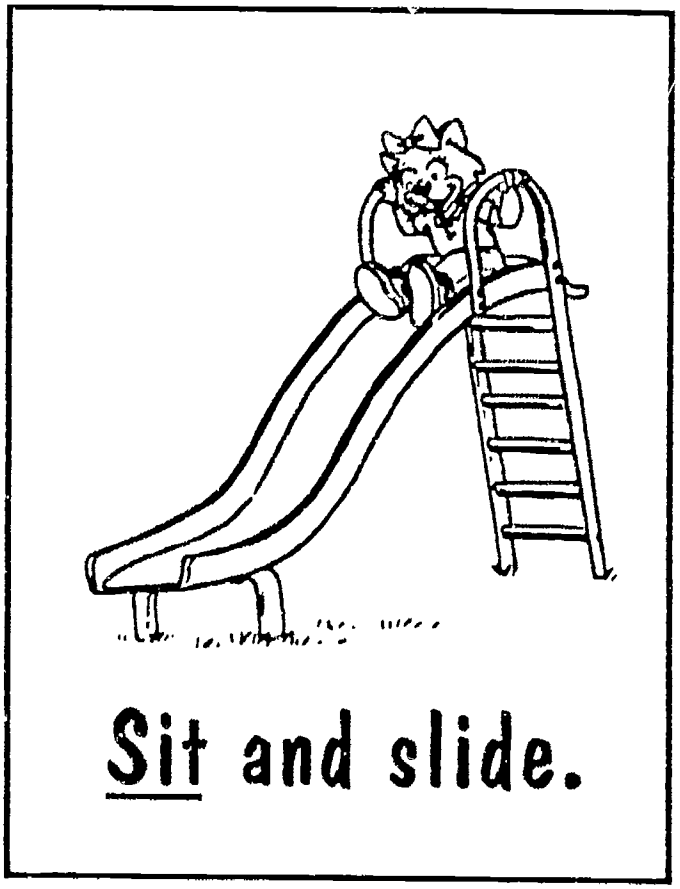
Activity 6: Off-Road Risks *Obj. 5*

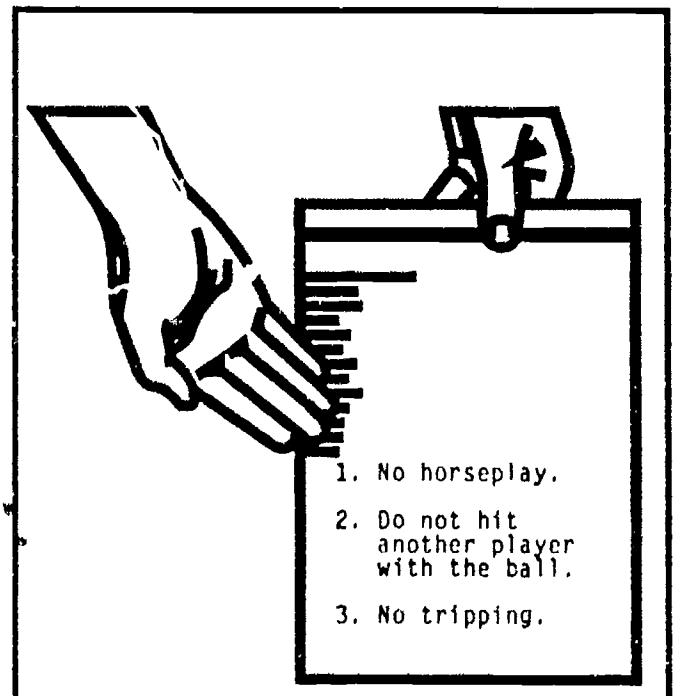
Discuss the following points with your class regarding all-terrain vehicles (ATVs, both "three-" and "four-wheelers"), motorized trail bikes, and other motorized recreational vehicles:

a. ATVs and motorized trail bikes have no protective coverings (no roof, no doors, and no safety restraints).
b. Off-road vehicles flip easily and passengers are often injured.
c. Riding on steep surfaces, unlevel paths, or unexplored trails may present unexpected dangers.
d. Obstacles which prevent a clear line of sight may cause uncontrollable accidents.
e. Riding alone (without an adult present) will hurt the chances of rescue in case of an accident.

Above all, stress that *motorized recreational vehicles are not toys*—they are powerful machines which can kill or permanently injure their riders. Helmets and other safety precautions can reduce the risk of brain or spinal cord injuries, but the safest way to tour wilderness trails is hiking, not biking.







Follow the rules.

Dress right!

1. Warm up
2. Stretch
3. Run, play, exercise
4. Cool down
5. Stay in shape

UNIT VI

PREVENTING FALLS

Even the simplest accident involving a fall can result in broken bones and bruises; some can be even more serious: falls are the second leading cause of spinal cord injury, and also are a major contributor to traumatic brain injury. This unit provides some simple facts and tips that can help "fall-proof" homes and yards and teach children to become more vigilant about situations that can lead to falls.

PREVENTING FALLS

(Grades 1 and 2)

LIFESTYLE GOALS

I. Understand the possible consequences of falls

II. Recognize potentially hazardous situations in the environment which might lead to falls

III. Recognize people at greater risk of falling (elderly, young children, pregnant women)

IV. Take steps to reduce the risk of falling

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. State the possible consequences of pushing or jumping on someone

2. Identify people at greater risk of falling

3. Identify ways to "fall-proof" play areas

Activity 1: Alli Cat's Tips for Preventing Falls *Obj. 1-3*

Read and post the safety tips on pages 119 and 121. In addition, you may want to make copies of these safety tips pages, cut out individual tips for each student, and laminate them if your school has a machine. Have students reviews their tips periodically and recite them in class. Be sure to discuss the following:

- **Pick up toys**—Remind your students that toys left on stairs or walkways may cause someone to trip and fall.
- **Watch your step**—Tell your students to be aware of their surroundings.
- **Use handrails**—Emphasize that handrails are important safety features that can prevent serious falls on stairways
- **Turn on the light**—Tell your students to turn on lights for themselves or others when walking through the house at night.
- **Don't push**—Urge your students to be courteous and wait their turns.
- **Help others**—Explain that some falls might be prevented by lending a helping hand.

Activity 2: Who Might Fall? *Obj. 2*

Ask your class to think of people who might be more likely to fall than others (e.g., a fire fighter, an elderly person, a sightless person, a pregnant woman, a student not following playground safety rules). For each person named, ask the students why the person might fall, and what might happen if the person did (relate falls to brain and spinal cord injuries as well as bumps, bruises, and broken bones). Ask the students what safety tips they would give each person, and if the students might be able to assist the person in any other way to prevent falls.

Activity 3: Mr. Goof's House *Obj. 3*

[Materials needed: red crayon or marker]

Copy page 123 and hand out to your students, then ask them to place a red "X" over each unsafe object or situation in Mr. Goof's house. Discuss the findings with the class. As an additional project, you may have students re-draw Mr. Goof's house as a place where the mischievous monkey can still have fun, but do so safely. Then ask the students which house looks more like their own house.

Activity 4: Can You Help? *Obj. 2-3*

Read the following story beginnings to your students. Have them talk about what might happen at the end of the story. Use the questions included for motivating discussion.

a. An elderly man walked down the street and then realized he did not bring his walking cane.

   1. What should the elderly man do?

   2. Why does the man need the walking cane?

   3. Tell me how the walking cane could keep this man safe.

   4. How could you help?

b. Laura's mom is going to have a baby very soon. Her stomach has gotten very big. She has trouble walking fast. Laura wants her mom to run.

   1. What could happen if she ran?

   2. Would this be safe for Laura's mom and her new baby brother or sister?

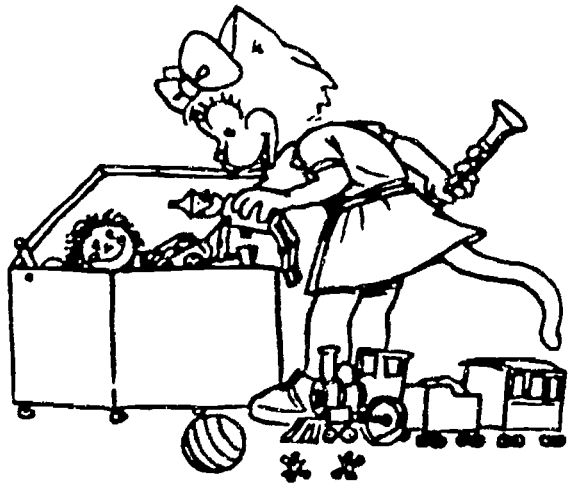
c. Anthony's little brother is two years old. He wants to go up and down the stairs by himself. He doesn't want to use the handrail because he wants to be "big" like Anthony.

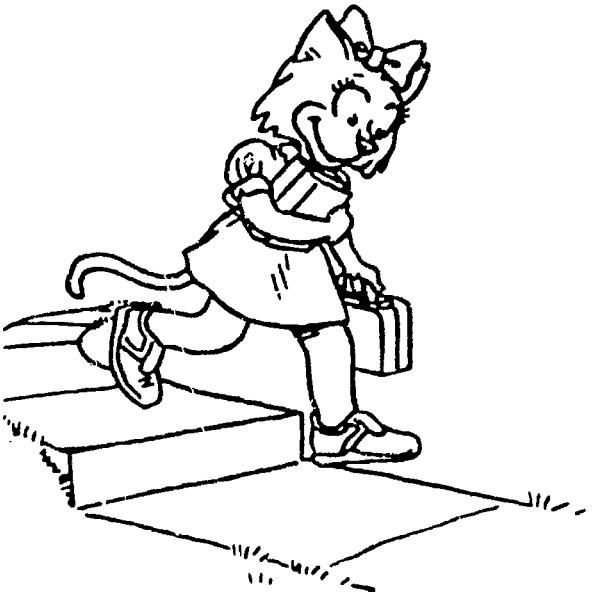
   1. What could happen if he doesn't use the handrail?

   2. Does not using a handrail make you bigger?

   3. How could Anthony help his brother to be safe?

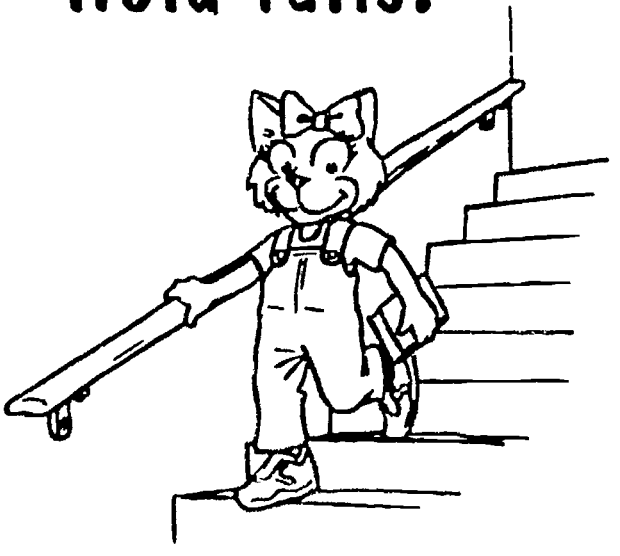
Pick up toys.



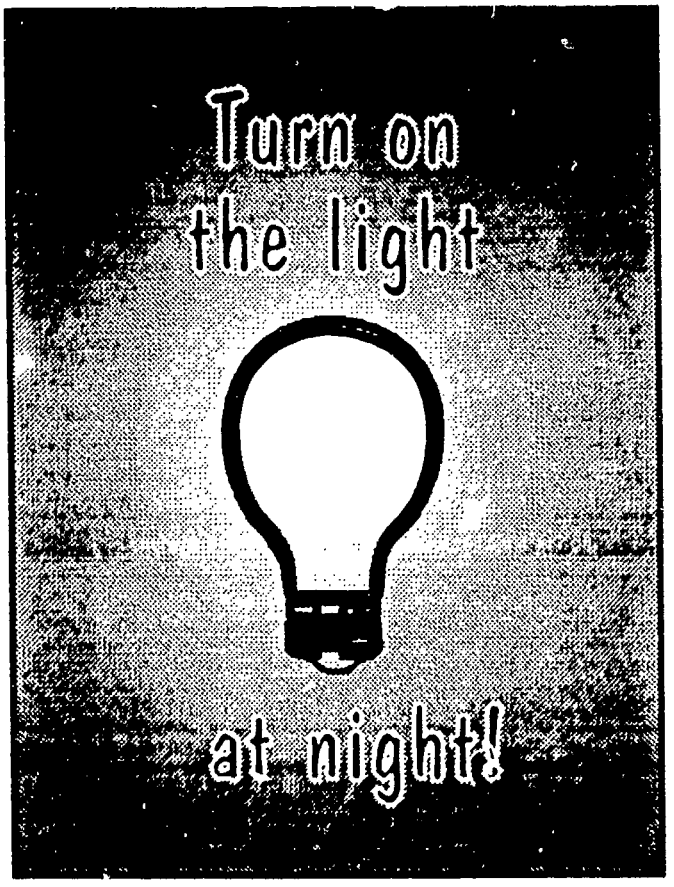


Watch your step!

Hold rails.



Don't push.



Mr. Goof's House

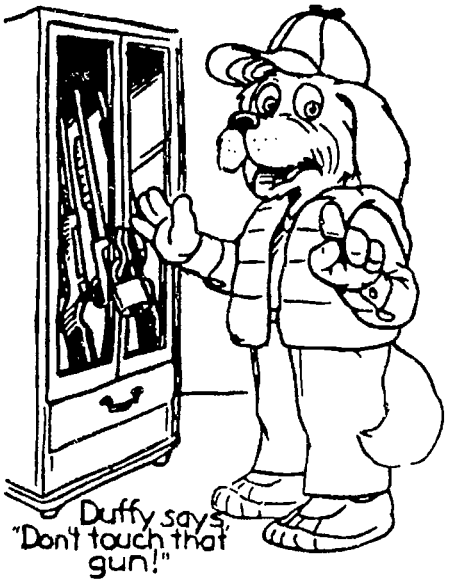
UNIT VII

WEAPONS SAFETY

Acts of violence are the third leading cause of spinal cord injury nationally (following motor vehicle accidents and falls). Most of these injuries are the result of gunshot wounds. The goals of this unit are to increase children's awareness of the potential for both brain and spinal cord injuries from weapons and to tell them what to do in potentially dangerous situations. This topic is a controversial one since many adults feel strongly about firearms and communicate their beliefs to their children. Some students' parents may believe guns should be feared and never handled; other parents may believe that guns are tools or sources of recreation which can be used safely by children under supervision. It may be best to emphasize the potential for danger when someone is using a firearm or other weapon inappropriately, and that children simply should not be handling firearms without supervision (whether they know how to do so or not). Duffy Dog, the safety character for this unit, is a pointer who "points out" appropriate and inappropriate responses to situations involving weapons.

WEAPONS SAFETY

(Grades 1 and 2)



LIFESTYLE GOALS

1. Recognize potentially violent situations and act to avoid them
2. Minimize personal risks when confronted with potentially violent situations
3. Avoid unnecessary risk-taking behavior involving weapons which could result in acts of violence

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify potentially dangerous weapons or tools
2. Demonstrate what to do upon finding a weapon
3. Identify what to do when in the presence of a child or an adult using or threatening to use a weapon

Activity 1: Duffy's Weapons Safety Tips *Obj. 1-3*

Read and post the safety tips on page 129. In addition, you may want to make copies of this safety tips sheet, cut out individual tips for each of your students, and laminate them if your school has a machine. Have students review their tips periodically and recite them in class. Be sure to discuss the following:

- **Tell an adult** if you find a weapon.
- **Don't touch**—Tell your students not to touch any weapon without permission from their parents.
- **Tell your parents**—Remind your students to tell their parents if they see someone with a weapon (and to stay away from that person).
- **Ask your parents**—Explain that students should ask their parents for advice whenever they have questions about guns, knives, or dangerous tools.

Activity 2: Mr. Goof's Garage *Obj. 1, 2*

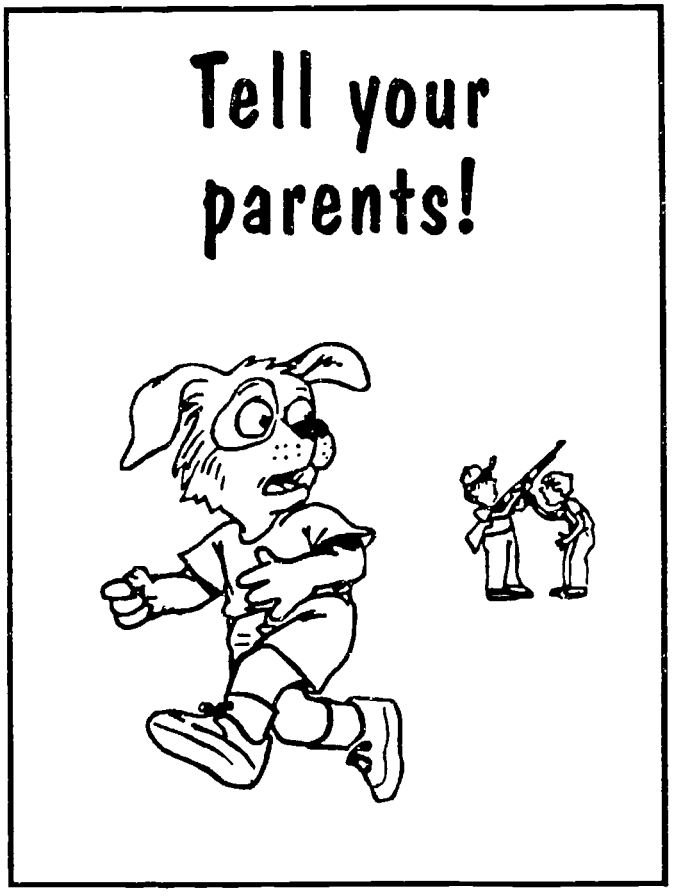
Make copies of the picture on page 131 to give to each student and read the following narrative:

> This is Mr. Goof's garage. What a mess! Mr. Goof is looking for something to play with. Can you help Duffy Dog find safe toys for Mr. Goof to play with? Make a list of all the safe toys you see. Do you see any dangerous tools or weapons that Mr. Goof should not touch? Make a list of the dangerous tools or weapons you find that Mr. Goof shouldn't touch.

You may want to ask students to make recommendations (in a class discussion) as to what should be done about the dangerous tools and weapons they found in Mr. Goof's garage (i.e., lock guns away in a cabinet or drawer, place power tools and sharp objects out of reach).

Activity 3: Violence Vignettes *Obj. 2, 3*

Divide the class into groups and give each group one of the situation sheets on pages 133-137. Ask each group to decide the safest way to behave in their situation, then have each group role play the story for the entire class. Have a class discussion about each group's solution. Ask students if they would do anything differently, and if any of the situations could have been avoided entirely. Briefly describe how each situation could have resulted in a brain or spinal cord injury. [Note: for large classes, you may want to have several different groups role play the same vignette and then compare the different groups' solutions.]



VIOLENCE VIGNETTE 1: HIDDEN DANGER

Tom, Jane, and Joe were looking for some paper to draw on. They looked in the top drawer of Tom's Dad's desk, and found a gun.

VIOLENCE VIGNETTE 2: PLAYGROUND PROBLEMS

Mark, the class bully, brought a large pocket knife to school. During recess, he got mad, pulled out the knife, and started chasing some of his classmates.

VIOLENCE VIGNETTE 3:
SLINGSHOT SLAPSHOT

A group of kids were playing in a crowded park. Larry pulled out a slingshot, grabbed some pebbles, and shouted "Let's scare the birds out of the park!"

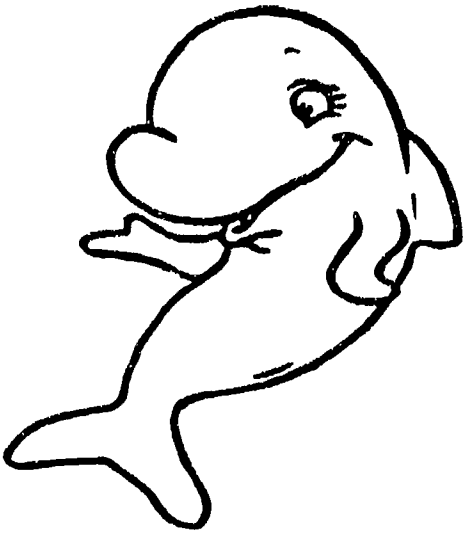
UNIT VIII:

WATER SAFETY

Water safety includes safety tips on swimming and diving in any body of water (pool, lake, etc.). Diving accounts for two-thirds of sports-related spinal cord injuries, so diving safety is emphasized in this unit. Safe water sports play is encouraged by giving precautions and positive alternatives. Awareness of the proper way to initiate water activities is demonstrated by this unit's safety animal, Daisy Dolphin. [This unit may be more effective if taught at the end of the school year just before swimming season.]

WATER SAFETY

(Grades 1 and 2)



Lifestyle Goals

I. Understand and apply safe diving and swimming practices

II. Use approved water sport sites whenever possible

Learning Objectives

Upon completion of this unit, students should be able to:

1. Know the methods for assessing the safety of water environments

2. Demonstrate safe diving and how to safely enter unknown swimming areas

3. Identify protective gear for water activities and recognize when to use it

Activity 1: Daisy's Water Safety Tips *Obj. 1-3*

Read and post the safety tips on pages 143 and 145. In addition, you may want to make copies of these safety tips sheets, cut out individual tips for each student, and laminate them if your school has a machine. Be sure to discuss the following:

- **Check how deep**—Tell your students to always have an adult check how deep the water is before they dive or jump in.

- **No diving in the shallow end**—Remind your students that they should dive only in the deep end of the pool.

- **Check under the water**—Tell your students to have an adult check the water for objects underneath the surface.

- **Arms over head**—Explain that keeping your arms in front of you when you dive helps keep your head from hitting the bottom.

- **No running**—Caution your students against running around the sides of a pool or other slippery surfaces.

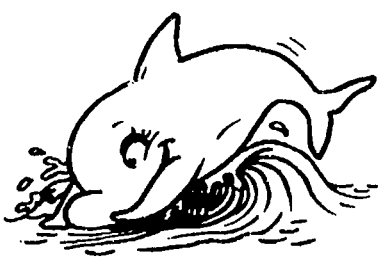
- **Have an adult with you**—Remind your students that an adult should be present whenever they swim or dive.

- **Don't take dares**—Tell your students that a dare usually involves doing something unsafe, which can lead to an injury.

- **Wear a life vest if an adult asks you to**

Activity 2: Daisy Lends a Helping Fin *Obj. 1-3*

Display and discuss the situation sheets on pages 147-153 with your students. For each situation, ask the students what Mr. Goof is doing wrong, and have them complete Daisy's advice to Mr. Goof. Ask the students what they would do in the same situation.



Activity 3: Field Trip *Obj. 1-3*

Take your class to any pool with certified lifesavers and/or instructors (check with your local YMCA if necessary). The following are some topics you could ask the lifeguards to discuss with your class:

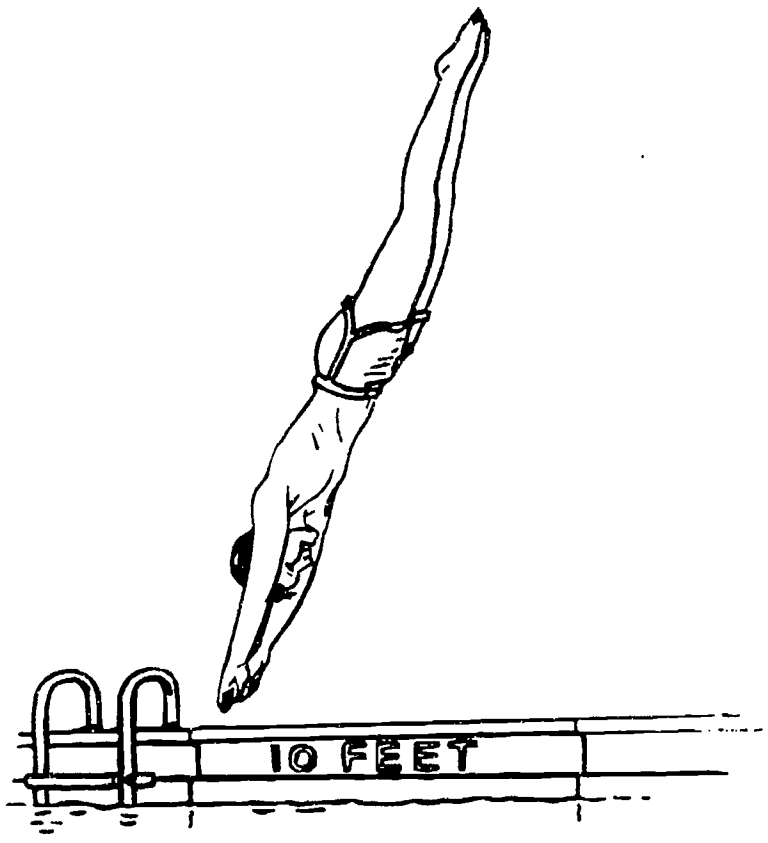
a. Demonstrate safe dives

b. Identify shallow and deep ends of pool

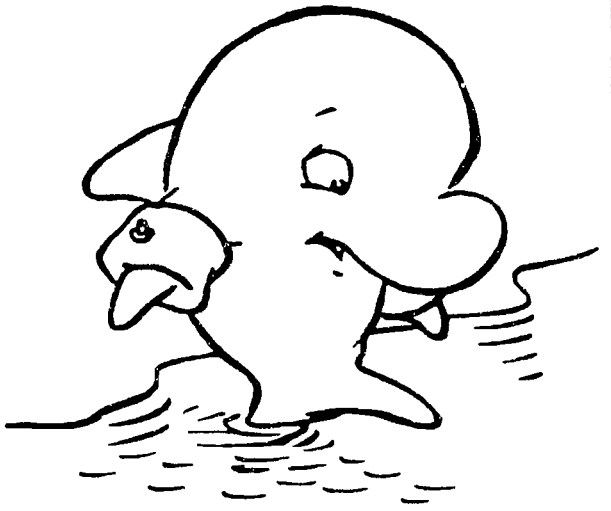
c. Model life vests, ski belts, ring buoys, and other appropriate safety devices

If it would be appropriate, the children could bring their swimsuits and take a "safe swim." After the class, the children could have a picnic and discuss what they learned in class.

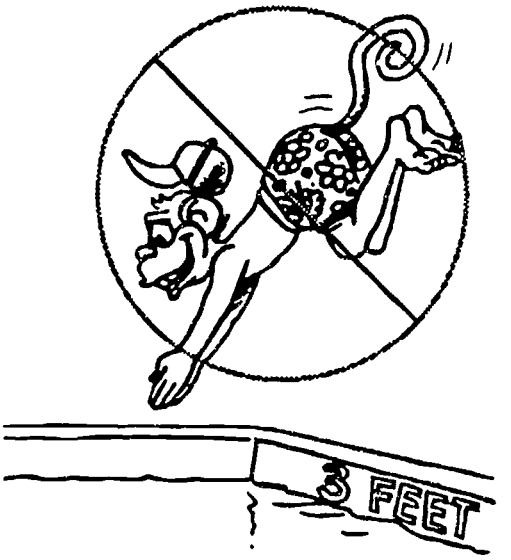
If this field trip is not feasible, a practical alternative would be to invite a lifeguard to your class to discuss diving and swimming safety.

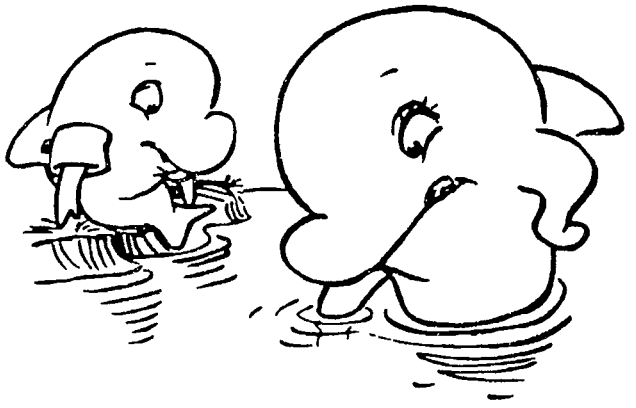


Check how deep!



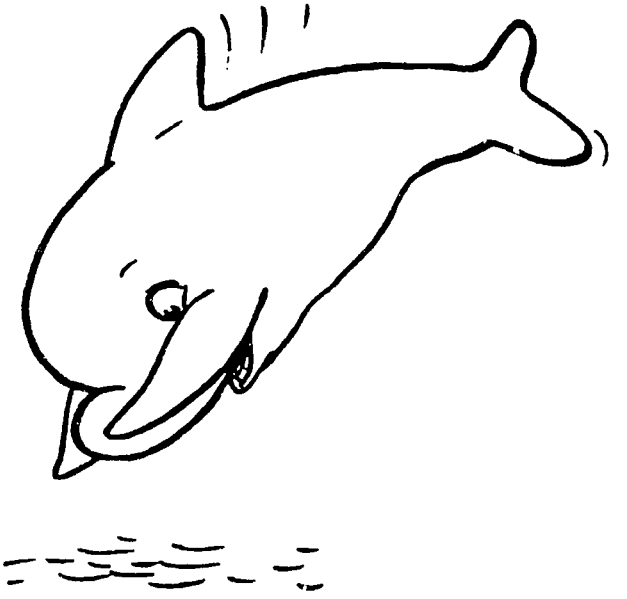
No diving at the shallow end!



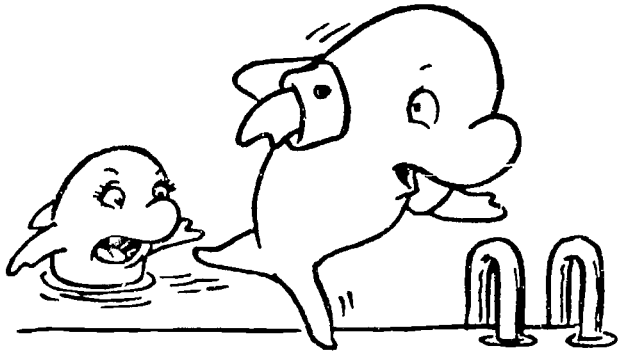


Check under the water.

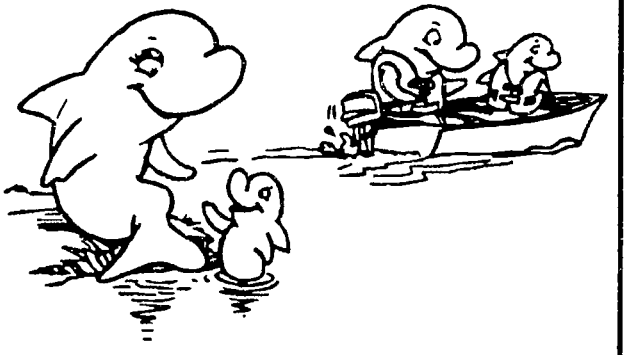
Arms over head!



No running!

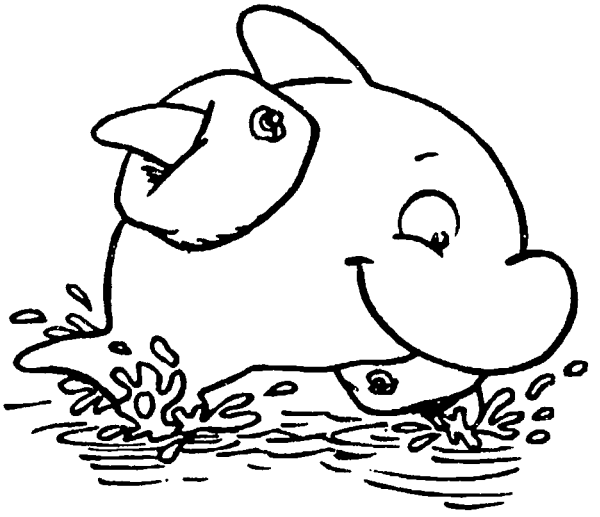


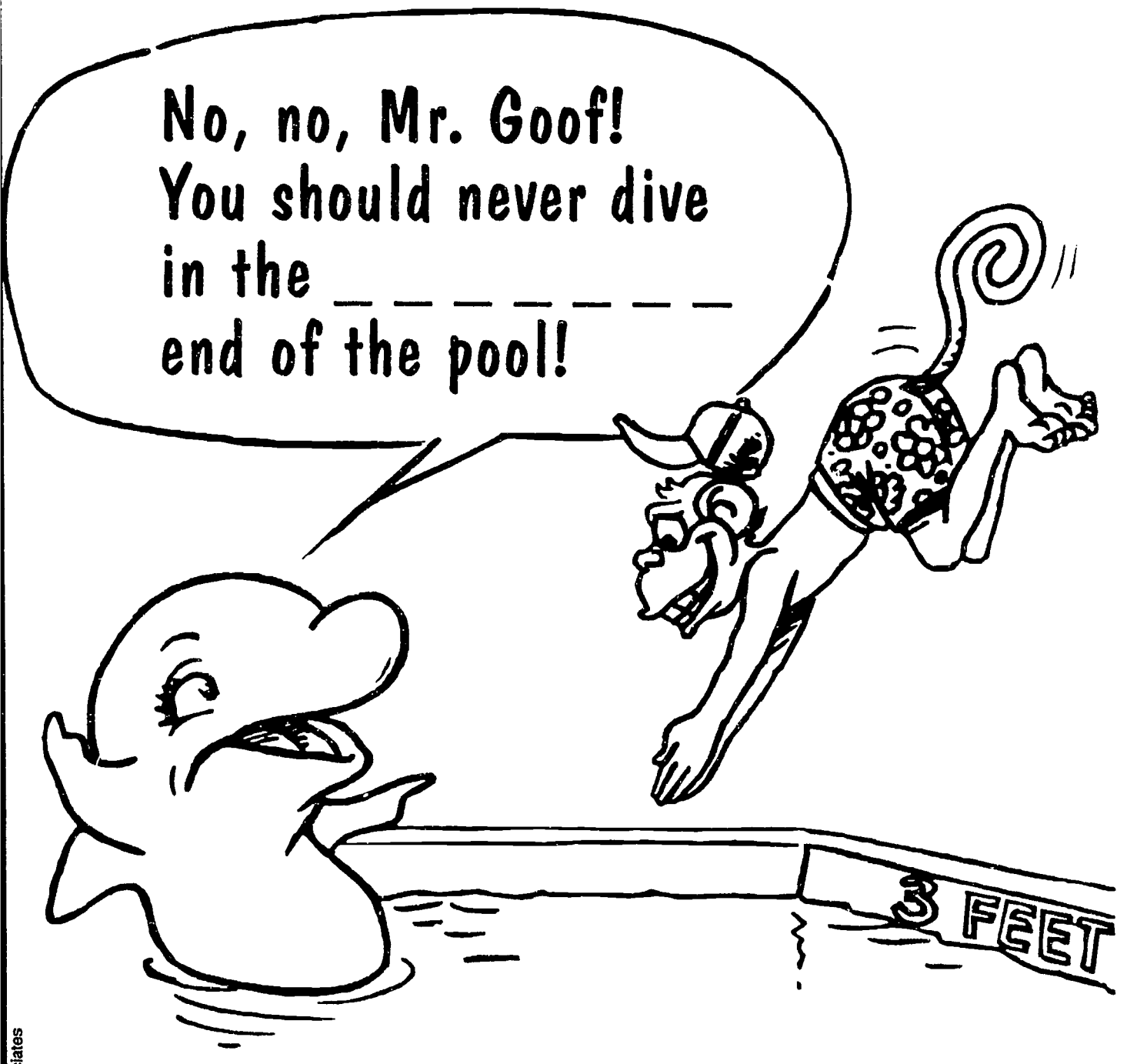
Have an adult with you.

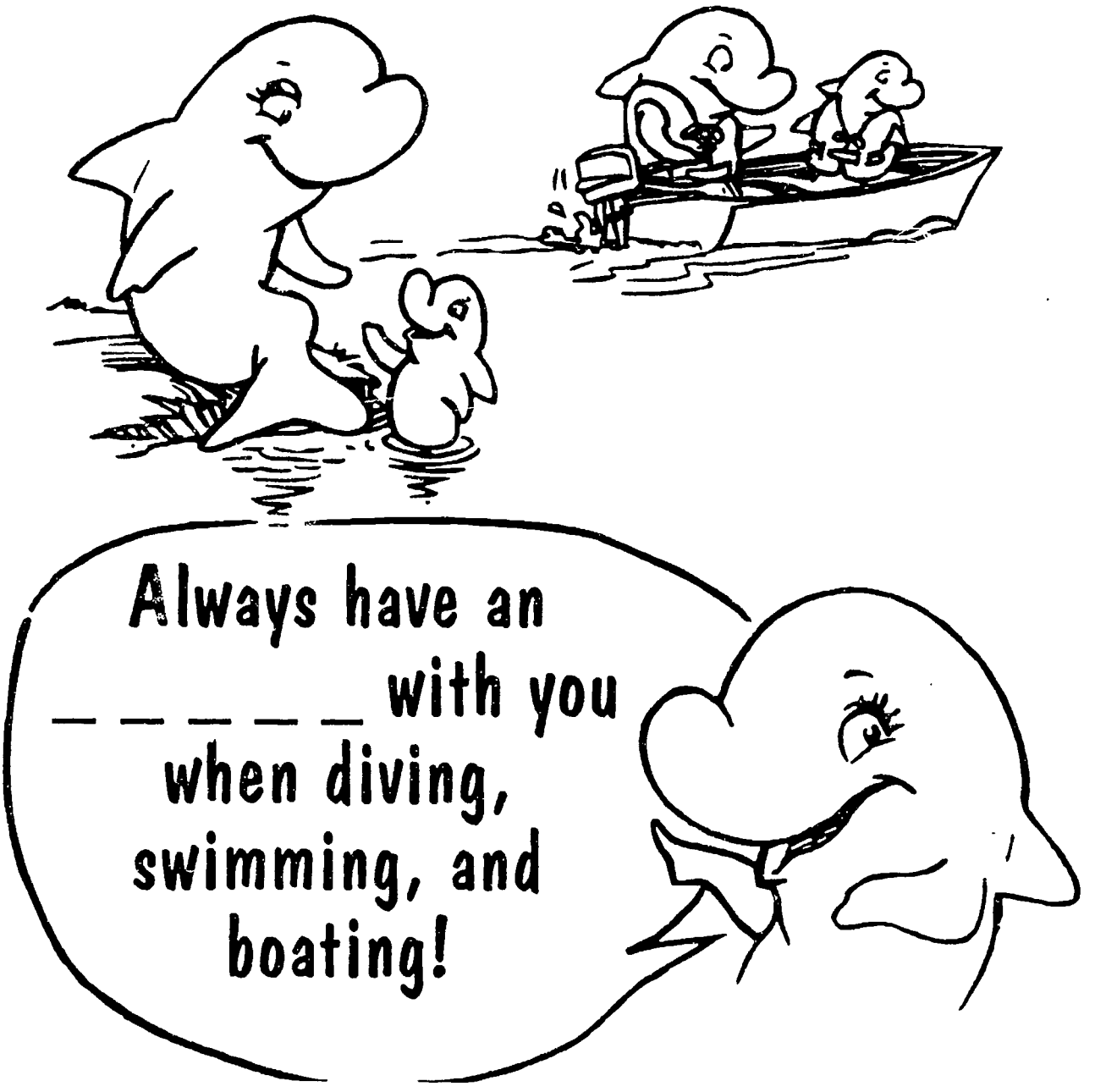


Don't take dares!

Wear a life vest if an adult asks you to.







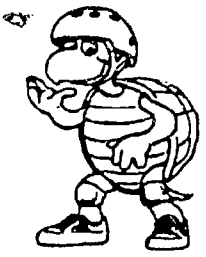
ADDITIONAL RESOURCES

FILMS AND VIDEOTAPES

Films and videotapes have proven to be an excellent method of presenting ideas and reinforcing lessons in the classroom. Most films and videotapes on spinal cord and brain injury prevention, however, are geared toward junior and senior high school students. Listed below are the most popular films used by spinal cord and brain injury prevention programs throughout the country. Some of the films and tapes whose target audience is listed as junior and senior high school students may be appropriate for younger students as well. We have included ordering information in each description. In many cases, you may be able to rent or borrow the film or tape from local organizations. Check with the rehabilitation organization sponsoring this curriculum for more information, or call one of the organizations listed in the next section.

Each entry includes: (1) a picture label which represents the curriculum unit(s) emphasized in the film or tape (see legend below), (2) a brief description of the contents, (3) ordering information, (4) format, and (5) target audience.

Water Safety



Bike Safety

Violence Prevention

Falls and Recreational/ Sports Safety

General SCI/TBI Prevention

Motor Vehicle/ Pedestrian Safety

Before & After: The Toney Lineberry Story

Order From:
Toney and Donna Lineberry
581 Nelwood Place
Manakin-Sabot, VA 23104
(804) 749-3831
Cost: $105
Toney Lineberry, a professional consultant, travels throughout the country speaking on the importance of automobile safety in preventing spinal cord injury. Toney, who is a quadriplegic as a result of a car accident, presents slides of his life, relates the story of his accident, discusses its consequences, and stresses ways he could have prevented it. He discourages driving under hazardous conditions, and emphasizes the use of safety belts, refuting many common myths about their use. A question and answer period which follows his presentation is also shown.
Format: 1/2" VHS / 28 min.
Target Audience: Young adults

Chances

Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020 (ext. 179)
Cost: $50
This diving and water safety presentation was produced by the Shepherd Spinal Center in Atlanta, Georgia. Its main message is that taking chances in the water may lead to grave consequences. A dramatization of a diving accident is presented, along with basic demographic statistics and anatomy of the spinal cord. Several persons with quadriplegia recount their water-related accidents and how their lives have changed because they "took chances."
Format: 1/2" VHS or 3/4" 15 min. (1986)
Target Audience: Junior and senior high school students

Consequences

Order From:
University of Washington Press
Audio Visual Department
P. O. Box 50096
Seattle, WA 98145 (206) 543-8870
Cost: $110
This film is an overview of risk-taking behaviors and their possible consequences. Activities covered include hang gliding, trampolining, surfing, diving, skateboarding, mountain climbing, and skiing. Individuals who suffered spinal cord injuries while participating in these activities relate their stories. Prevention alternatives are offered for each situation. The message is "Be a free spirit...do it, but do it safely."
Format: 1/2" VHS / 10 min. (1978)
Target Audience: Junior and senior high school students

Crash Course
Order From:
KARE News 11
Community Relation Dept.
8811 Olson Memorial Highway
Minneapolis, MN
(612) 546-1111
Cost: No Charge for preview

Prevention of alcohol-related trauma injuries is the major focus of this video. Testimonies are given by persons with spinal cord and head injuries. The hazards of unsafe driving, particularly driving under the influence of alcohol, are emphasized.
Format: 1/2" VHS / 45 min. (1989)
Target Audience: Junior and senior high school students and young adults

Dive Right
Order From:
Canadian Sports Spine and Head Injury Research Centre
Toronto Western Hospital
399 Bathurst Street, Toronto
Ontario CANADA M5T 2S8 (416) 369-5890
Cost: $40

Geared to young children, this film depicts youngsters engaging in horseplay around a swimming pool, resulting in one young boy becoming spinal cord injured. Tips on pool safety and diving (at the lake and in the pool) are given. The young boy who was injured is given a "second chance" at the end of the film, but the message is that in real life, there are no second chances. The videotape has been previewed by students 7 to 14 years of age, with positive results.
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Children 8 to 12 years of age

A Fine Line
Order From:
Stewart Rehabilitation Center
McKay-Dee Hospital
3939 Harrison Boulevard
Ogden, Utah 84409 (801) 625-2864
Cost: $305 (Classroom Kit)

The basic video in this classroom kit is a 17-minute presentation by young people injured in car accidents, most involving drugs and/or alcohol. The film graphically depicts life immediately following a spinal cord injury. Rehabilitation and psychological/social adjustments are also covered. The title of the presentation is based on the theme that "when young people think they're invincible, they often walk a fine line." The accompanying teacher's guide provides a lesson plan, group activities, discussion questions, and scripts to serve as a catalyst for further exploration of issues raised in the video.
Format: 1/2" VHS / 57 min. (2 tapes) (1985)
Target Audience: Junior and senior high school students

Harm's Way

Order From:
National Coordinator
National Head and Spinal Cord
Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $35
This award-winning spinal cord injury prevention video by film maker Barry Corbet is the most popular classroom presentation of its type. Participants in the video are all young persons who have sustained either a head or spinal cord injury as a result of some risky activity. The film combines music and honest testimony about the thin line between exciting activity and injury-producing activity, with the message that we need not "place ourselves in harm's way."
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Junior and senior high school students

Hey! New Wheels!

Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $20
This presentation uses wheelchairs for its "New Wheels" theme. Produced by the Southeastern Michigan Spinal Cord Injury System, the video makes a strong case against the "It won't happen to me" attitude which many teens hold toward spinal cord injury. Events following the occurrence of a spinal cord injury are covered, including emergency medical procedures, tracheotomy, halo brace, etc. Most causes of spinal cord injury are covered. The use of safety belts is emphasized, with a list of myths and facts about their use included at the end of the tape.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: High school students

It'll Never Happen To Me

Order From:
Karen K. Heusel
Suite 325
3951 Snapfinger Parkway
Decatur, GA 30035 (404) 656-0960 or 1-800-342-9819
Cost: $30
TV broadcaster John Jeffers researches a story on safety belts which ends up changing his life. This film, aimed at the general public, destroys the myths and excuses for not wearing safety belts. A person with quadriplegia appears in this film. Due to the limited number of films available, a two week advance notice is required.
Format: 1/2" VHS / 22 min.
Target Audience: General public

It's Your Move

Order From:
Spinal Cord Injury Prevention Program
780 S.W. Marine Drive
Vancouver, BC Canada
V6P 5Y7 (604) 875-2222
Attn: Mary Ellen Lower
Cost: $25.00
This video, produced by the Shaughnessy Hospital and the Canadian Paraplegic Association, BC Division, discusses the anatomy of the spine and describes causes and effects of spinal cord injury resulting from diving, skiing, and driving while intoxicated. Persons with paraplegia and quadriplegia relate their stories and advise against taking chances.
Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

Learning How To Dive Safely

Order From:
National Swimming Pool Foundation
10803 Gulfdale, Suite 300
San Antonio, TX 78216 (512) 525-1227
Cost: $15.20
This diving safety video, produced by the National Swimming Pool Foundation, is narrated by film star Patrick Wayne and features World and Olympic diving champion Greg Louganis and U.S. Olympic diving coach Ron O'Brien. Both Louganis and O'Brien give tips on safe diving in swimming pools, with divers demonstrating safe and unsafe dives. Very specific rules for diving safety are stressed throughout and are listed at the end of the film.
Format: 1/2" VHS / 11 min.
Target Audience: Junior and senior high school students

A Matter Of Seconds

Order From:
Immanuel Rehabilitation Center
6901 North 72nd Street
Omaha, NE 68122 (402) 572-2295
Cost: $25
Young people who have sustained head or spinal cord injuries discuss their accidents and how their lives have changed. Their stories include injuries resulting from car accidents, violence (gunshot), drugs and alcohol, diving, biking, and other sports accidents. The video is produced by the Immanuel Rehabilitation Center and the Nebraska Department of Education's Division of Rehabilitation Services.
Format: 1/2" VHS / 11 min. (1986)
Target Audience: Junior and senior high school students

Project Wipeout

Order From:
Hoag Hospital
302 Newport Boulevard
Newport, CA 92658-8912 (714) 645-8600
ATTN: Human Resources -- Project Wipe Out
Cost: $25
This is the story of one young man who becomes spinal cord injured after diving head first into shallow water at the beach. Portrayed in great detail by actors, his story covers the injury, emergency medical procedures, acute care, and rehabilitation. The film, produced by Hoag Hospital, is a very realistic portrayal of the events following injury, as well as the emotions experienced by both the victim and his family. Surfing and diving safety is addressed at the end of the film.
Format: 1/2" VHS / 30 min. (1986)
Target Audience: Junior and senior high school students

Reflections

Order From:
National Coordinator
National Head and
Spinal Cord Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $40
"Reflections" is a shortened version of the American Association of Neurological Surgeons/ Congress of Neurological Surgeons film "Harm's Way." For more information, see the description and ordering information under "Harms Way."
Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

Smart Hockey With Mike Bossy

Order From:
Canadian Sports Spine and Head Injuries Research Centre
Toronto Western Hospital
Division of Neurosurgery
399 Bathurst Street, Toronto
Ontario, Canada M5T 2S8 (416) 369-5890
Cost: $20
This video stars Mike Bossy, a former NHL star, and presents seven tips that will assist hockey players in avoiding serious injuries, especially spinal cord injuries, caused by checking from behind. A brochure, "Neck and Spine Conditioning for Hockey Players," is enclosed with each video.
Format: 1/2" VHS / 14 min. (1988)
Target Audience: Hockey players, coaches, trainers, and parents

Spinal Injury Management
Order From:
American Red Cross (local chapter)
Cost: $50

This American Red Cross training video is used in conjunction with water safety training courses taught by the American Red Cross Chapters. The tape begins with a thorough review of the spine's function and form. Although primary spinal injury prevention is covered, the film's main emphasis is on secondary prevention. Topics covered include spine stabilization techniques, rescue breathing, and removing an injury victim from the water.
Format: 1/2" VHS / 26 min. (#329328) (1988)
Target Audience: Junior and senior high school students

The Time It Takes
Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020, Ext. 179
Cost: $50

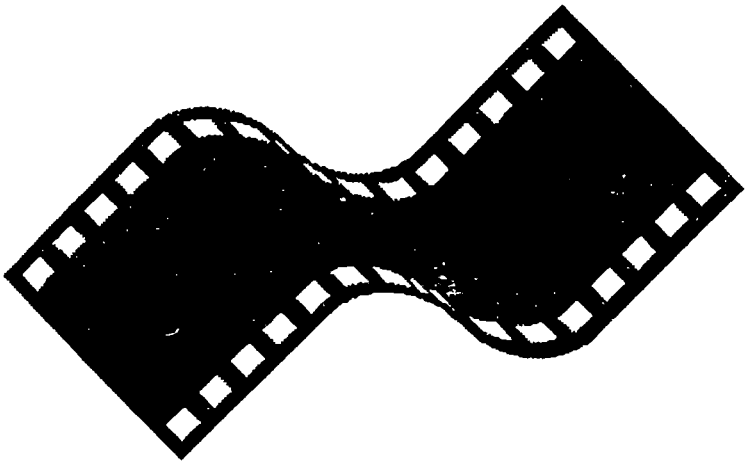
This video, produced by the Shepherd Spinal Center in Atlanta, Georgia, emphasizes the use of safety belts. Testimonials of four young persons with spinal cord injury are presented; none were wearing safety belts at the time of their accidents. Myths about safety belts are addressed in a question and answer format.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: Junior and senior high school students

The Toney Lineberry Story: Always A Champion
Order From:
581 Nelwood Place
Manakin-Sabot, VA 23103 (804) 749-3831
ATTN: Toney Lineberry
Cost: To be determined

This new video deals with the personal trauma that an automobile accident inflicts on a victim, his family, and community. The video also includes the highway safety message that Toney carries throughout the country.
Format: 1/2" VHS / 18 min. (1989)
Target Audience: High school students

Wasted Dreams
Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $25

This video is produced by the Southeastern Michigan Spinal Cord Injury System, the Rehabilitation Institute, and the University Health Center in the Detroit Medical Center. Six persons with spinal cord injury, all wounded by gunshots, graphically relate their accidents and how they could have avoided them. The reaction of many victims of violence is that they were in the wrong place at the wrong time. This video's message is that you need not put yourself in the wrong place at the wrong time.
Format: 1/2" VHS / 27 min. (1988)
Target Audience: Junior and senior high school students, general population



NATIONAL PROGRAMS

There are many organizations across the country which have information and/or materials that may be useful to you when presenting this curriculum. If you would like to supplement curriculum activities or would like more information on spinal cord and brain injury, contact the curriculum's sponsoring institution or one of the organizations listed below.

American Academy of Pediatrics
The Injury Prevention Program (TIPP)
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60009-0927
(312) 228-5005
ATTN: Donald Schiff, M.D., F.A.A.P.
The Injury Prevention Program (TIPP), initiated in 1983, is an educational program for parents of children newborn through 12 years to help prevent injuries from motor vehicles, pedestrian hazards, bicycles, fire in the home, scalds, falls, and poisoning. TIPP provides a systematic method for pediatricians to counsel parents and children about adopting injury prevention behaviors. After parents have filled out a safety survey in the pediatrician's reception room, the pediatrician counsels the child and parent using guidelines prompted by at risk answers.
Materials: A package of materials consisting of safety surveys and safety information sheets for use in providing anticipatory guidance to parents and children
Target Population: Children newborn through 12 years and their parents

American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)
National Head and Spinal Cord Injury Prevention Program
22 S. Washington Street
Park Ridge, IL 60068
(312) 692-9500
ATTN: Louise S. Miller, National Coordinator
The American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) program is the standard model for most head and spinal cord injury prevention programs nationwide. The National Program is the product of two ongoing model educational programs: "Feet First First Time" at West Florida Regional Medical Center, and "Head and Spinal Cord Injury Prevention" at the University of Missouri-Columbia (see listings under those states). The AANS/CNS program is designed to make the public, especially those young people most vulnerable to injury, aware of the causes and results of injuries to the head and spinal cord and the prevention of these injuries. A more detailed description of the model program is contained in the introduction to this directory.
Materials: Instruction guide, slides, film "Harm's Way," model educational centers, Prevention Pages newsletter
Target Population: Young people, individuals and organizations involved with head and spinal cord injury prevention

American Red Cross
The American Red Cross Spinal Injury Management Program
Health and Safety Operations Headquarters:

Eastern	*Midwestern*	*Western*
615 St. Asaph Street	10195 Corporate Square	1870 Ogden Drive P.O. Box 909
Alexandria, VA 22314	St. Louis, MO 63132	Burlingame, CA 94010
(703) 838-8818	(314) 997-3130	(415) 692-5201

American Red Cross Spinal Injury Management is not a single program, but is contained in the following American Red Cross courses and publications: American Red Cross Basic Water Safety, Emergency Water Safety, Safety Training for Swim Coaches, and Lifeguard Training. The goal is to train individuals in the prevention and management of spinal injuries.
Materials: Audiovisual and written materials: American Red Cross Basic Water Safety (Stock #329312); American Red Cross Emergency Water Safety (Stock #329313); American Red Cross Safety Training for Swim Coaches (Stock #329449); American Red Cross Lifeguard Training Supplement (Stock #329448); American Red Cross Spinal Injury Management videotape (Stock #329328)
Target Population: All participants in American Red Cross programs, from young children through lifeguards

American Trauma Society
Tommy Trauma Health Safety Program
1400 Mercantile Lane, Suite 188
Landover, MD 20785
(301) 925-8811; 1-800-556-7890
ATTN: Cink DeVeas, Executive Director
The Tommy Trauma Health Safety Program is a thirty minute videocassette designed for elementary school children through the third grade. The objectives are to familiarize children with trauma and the processes that occur when an injury happens. Children are taught basic principles of prevention, how to recognize a serious injury, and how to get help. In addition, the program familiarizes children with the roles of the police, paramedics, ambulances, physicians, and hospitals in an effort to minimize fear of these entities.
Materials: Available for purchase: videotape (three chapters), instructor's guide, poster, coloring books, and badges (the videotape is available for preview)
Target Population: Elementary school children K-3

Aquatic Injury Safety Foundation
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600; 1-800-342-0330
ATTN: Ronald R. Gilbert, Chairman
The Aquatic Injury Safety Foundation, established in 1988, is a national, non-profit safe diving educational organization dedicated to reducing the number of diving injuries, drownings, and near-drownings. The Foundation uses the format of the "Feet First First Time" program and disseminates free sample "No Diving" signs and "Diving is Deadly" brochures for use in various

aquatic areas. One of the Foundation's goals is to establish a Minimum Safe Diving Depth in cooperation with the American Red Cross and other safety groups. The Foundation also seeks mandatory education for aquatic safety and spinal cord injury prevention in elementary school systems.
Materials: Those of other aquatic safety groups, including the American Red Cross; film "Harm's Way"
Target Population: Young male divers

Foundation for Spinal Cord Injury Prevention
SCI Prevention Program
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600 (MI), 1-800-342-0330 (USA)
ATTN: Ronald R. Gilbert, Founder
The Foundation for Spinal Cord Injury Prevention works to provide coordination and networking of spinal cord injury prevention groups around the country. In addition, the Foundation is working on public service announcements, a mandatory education program, and mandatory spinal cord injury reporting bills. This organization also provides information and prevention materials to interested groups and individuals, and is currently working on a directory of prevention materials.
Materials: Numerous films, an information clearinghouse
Target Population: Groups and individuals interested in spinal cord injury prevention

National Coalition to Prevent Childhood Injury
National Safe Kids Campaign
Children's Hospital Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
(202) 939-4993
ATTN: Susan Farrall
The National Coalition to Prevent Childhood Injury is an organized network consisting of medical and safety organizations, children's advocates, business people, government leaders, and teachers who have united to make a difference in how we protect our children. The organization is tackling the complex problem of childhood injury prevention from several different angles, including uniting diverse groups, developing educational programs, initiating public policy changes, and raising awareness through the media. The Coalition also carries on a community bicycle helmet campaign for children.
Materials: Numerous materials including a leader's manual, bicycle strategy guide, newsletters, video "The Official Kids Safety Quiz,"
Target Population: Children and parents, legislators, etc.

National Head Injury Foundation, Inc.
Head Injury Prevention (Corporate Safety Belt Program, etc.)
333 Turnpike Road
Southborough, MA 01772
(508) 485-9950, Family Help Line 1-800-444-NHIF
ATTN: Heidi Hansen McCrory, Director of Public Affairs
The NHIF's employee education programs for corporations and businesses are currently some of the most effective programs for increasing belt use, both on and off the job. Consequently, NHIF is focusing its efforts on these programs.
Materials: An information clearinghouse for fact sheets, articles, and other educational materials, including manuals for corporate safety belt campaigns.
Target Population: Motor vehicle riders, business managers/employers

National Highway Traffic Safety Administration
400 Seventh Street S.W.
Washington, D.C. 20590
Auto Safety Hotline 1-800-424-9393 (Wash. D.C. area 366-0123)
ATTN: Nancy Rubenson, Highway Safety Specialist, Program Development & Planning Division, Office of Occupant Protection
There are several offices within the National Highway Traffic Safety Administration that may be helpful to persons interested in preventing spinal cord injury. The National Center for Statistics and Analysis, NRD-30, collects, analyzes, and reports data on serious and fatal highway crashes. The Office of Enforcement and Emergency Services, NTS-40, offers training programs for enforcement and EMS personnel. The Office of Alcohol and State Programs, NTS-20, develops programs to promote sober driving and prevent pedestrian, bicycle, school bus, and motorcycle accidents. The Office of Occupant Protection, NTS-10, develops programs to increase the use of motor vehicle occupant protection devices such as safety belts, air bags, and child safety seats.
Materials: Fatal Accident Reporting System and National Accident Sampling System Annual Reports; Occupant Protection Facts; Drunk Driving Facts; National EMS Week Idea Sampler, "Your Time to Shine;" "The Community & Law Enforcement: Teaming Up to Save Lives;" National Drunk and Drugged Driving Week Idea Sampler; National Child Passenger Safety Awareness Week Idea Sampler; National Buckle-Up America Week Idea Sampler
Target Population: Persons interested in highway safety

National Safety Council
Back Injury and Motor Vehicle Safety
444 North Michigan Avenue
Chicago, IL 60611-3991
(312) 527-4800
ATTN: Bob O'Brien, Director, Public Relations
Founded in 1913, the mission of the National Safety Council is to educate and influence society to adopt safety and health policies, practices, and procedures that prevent and mitigate human and economic losses arising from accidental causes. While the Council does not conduct a specific program in spinal cord injury prevention, various safety education materials are available. The

Council also operates a Safety and Health Library with extensive database capability.
Materials: Videos, booklets, reference manual, and press releases
Target Population: General public/safety and health personnel

National Spinal Cord Injury Association
Spinal Cord Injury Public Education Program
600 West Cummings Park
Suite 2000
Woburn, MA 01801
(617) 935-2722; **National Information Line 1-800-962-9629**
ATTN: Mark Odum
The National Spinal Cord Injury Association is a consumer-based membership organization whose purpose is to address the needs of persons with spinal cord injury or disease. At the national level, the Association conducts programs in the areas of research and services. A Prevention Committee within the Association is active in implementing a program of public education that focuses on prevention of spinal cord injury and abilities of individuals who have been paralyzed as a result of spinal cord injury. A list of the 30 local chapters can be obtained by writing to the Association's national office. The program was begun in 1948 by the Paralyzed Veterans of America.
Materials: Fact sheets on spinal cord injury, posters on diving and skateboarding safety, brochures on safe diving, publications including the National Resource Directory for persons with spinal cord injury and other physical disabilities
Target Population: Person with spinal cord injury or interested in spinal cord injury prevention

Recreation Safety Institute
Spinal Cord Injury Prevention Program
P.O. Box 392
Ronkonkoma, NY 11779
(516) 563-4806
ATTN: Arthur H. Mittelstaedt, Jr., Ed.D., Administrator
Established in 1986, this program promotes an awareness of safe play on playgrounds via a teachers' workbook complete with illustrations, overhead acetates and coloring pages, plus instructions for classroom projects. The objectives of the program are to provide familiarity with the proper uses of playground equipment and warning/prohibition signs.
Materials: "I PLAY SAFE" teacher's guide with acetates for overhead projector
Target Population: Preschool and elementary school children

United States Diving Inc.
U.S. Diving Safety Certification
Safety and Development
Pan American Plaza
201 S. Capitol Avenue, Suite 430
Indianapolis, IN 46225
(317) 237-5252
ATTN: Janet L. Gabriel, Director of Education, Safety, and Development
The U.S. Diving Safety Certification Course and Exam for competitive diving coaches/instructors, officials, administrators, pool supervisors, and pool designers is designed to enhance safety awareness in the sport of competitive diving. This program emphasizes philosophy of safety awareness, legal and medical responsibilities, environmental safety factors, performer readiness, skill progressions, spotting safety, trampoline, spinal cord injury prevention for both recreational swimmers and competitive divers, and education materials and resources.
Materials: "U.S. Diving Safety Manual" and "Diving Safety, A Position Paper"
Target Population: Children through 19 years of age, senior and master's coaches and officials

United States Lifesaving Association (USLA)
United States Lifesaving Association
425 E. McFetridge Drive
Chicago, IL 60605
(312) 294-2333
ATTN: Ray Colonna, Executive Director
The USLA is a professional nonprofit organization of lifeguards from throughout the United States. There are seven regions and 271 chapters. Each chapter is unique in its prevention presentation which is based on the geographic area water levels and problems. The presentations are 30-45 minutes and address water, beach and skin safety, and spinal cord injury prevention as it relates to diving and surfing.
Materials: USLA coloring book, Teddy Ruxpin (presentation for younger children), slides, "Project Wipeout" materials
Target Population: Preschool through high school

SPINAL CORD INJURY CARE SYSTEMS

There are currently 13 model regional spinal cord injury care systems across the country. These systems, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), offer a coordinated system of care from emergency medical services through acute care, rehabilitation, and lifetime follow-up.

Georgia Regional Spinal Cord Injury System
Shepherd Center for Treatment of Spinal Injuries
2020 Peachtree Road, North West
Atlanta, GA 30309
(404) 352-2575

Midwest Regional Spinal Cord Injury Care System
Northwestern Univ. Med. Center
Northwestern Memorial Hospital
250 East Chicago Avenue, Suite 619
Chicago, IL 60611
(312) 908-3425

Mt. Sinai Spinal Cord Injury Model System
Mount Sinai School of Medicine
One Gustave Levy Place
Box 1240
New York, NY 10029
(212) 241-9657

Northern California Spinal Cord Injury Care System
Santa Clara Valley Medical Center
751 South Bascom Avenue
San Jose, CA 95128
(408) 299-5643

Northern New Jersey Spinal Cord Injury System
Kessler Institute for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, NJ 07052
(201) 731-3600, ext. 250

Northwest Regional Spinal Cord Injury System
University of Washington, Rehabilitation Medicine
BB 919 Health Science Bldg.
1959 N.E. Pacific Street
Seattle, WA 98195
(206) 543-3600

Regional Spinal Cord Injury Center -Delaware Valley
Thomas Jefferson Hosp/Spinal Cord Center
111 South 11th Street
Philadelphia, PA 19107
(215) 928-6573

Regional Spinal Cord Injury Care System of Southern California
Rancho Los Amigos Hospital
7601 East Imperial Highway-Harriman Bldg., 121
Downey, CA 90242
(213) 940-7167

Rocky Mountain Regional Spinal Cord Injury System
Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
(303) 789-8220

Southeast Michigan Spinal Cord Injury System
Rehab. Institute of Detroit SCI Unit
Wayne State University
261 Mack Boulevard
Detroit, MI 48201
(313) 745-9731

Texas Regional Spinal Cord Injury System
The Institute for Rehab. and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030
(713) 797-5910

University of Alabama at Birmingham (UAB) Spinal Cord Injury Care System
SRC Room 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

University of Michigan Model Spinal Cord Injury System
300 North Ingalls Bldg.
NI-2A09-0491
Ann Arbor, MI 48109-0491
(313) 745-9731

The UAB Spinal Cord Injury Care System serves as the national repository of data collected by these 13 systems. These data are managed in the National Spinal Cord Injury Statistical Center (NSCISC). In 1986, UAB published Spinal Cord Injury: The Facts and Figures, which presents statistics based on the data in the NSCISC database. For further information or to purchase this book, contact: **The National Spinal Cord Injury Statistical Center (NSCISC)**, University of Alabama at Birmingham, SRC Room 547, UAB Station, Birmingham, AL 35294, (205) 934-3320.

TRAUMATIC BRAIN INJURY CARE SYSTEMS

There are five model regional traumatic brain injury care systems in the U.S. Like the SCI Care Systems, they are funded by the National Institute on Disability and Rehabilitation Research and offer a coordinated system of care for persons with traumatic brain injuries.

Comprehensive Model of Research and Rehabilitation for the Traumatically Brain Injured
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Comprehensive System of Care for Traumatic Brain Injury
Institute for Medical Research
Santa Clara County
2260 Clove St.
San Jose, CA 95128
(408) 299=5641

Model Project for Comprehensive Rehabilitation Services to Individuals with Traumatic Brain Injury
Mt. Sinai Medical Center
School of Medicine
One Gustave L. Levy Place
New York, NY 10029
(212) 241-9657

Model System for Minimizing Disability After Head Injury
Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 797-5731

Southeastern Michigan Traumatic Brain Injury System
Wayne State University
Department of Neurology
Detroit, MI 48202
(313) 745-2294

INJURY PREVENTION RESEARCH CENTERS

Injury Prevention Research Centers (IPRCs) were established by the Centers for Disease Control (CDC) to develop a comprehensive approach to the nation's injury problem. Objectives of these centers include integrating aspects of various disciplines (medicine, engineering, social sciences, rehabilitation, etc.), supporting research, evaluating intervention techniques, and making this expertise available for injury prevention, surveillance, and control. There are currently seven IPRCs:

Harvard University
Injury Prevention Research Center
Department of Health Policy and Management
Health Service of Public Health
677 Huntington Avenue
Boston, MA 02115
(617) 732-1090

Johns Hopkins University
Injury Prevention Research Center
School of Hygiene and Public Health
Fifth Floor
624 N. Broadway
Baltimore, MD 21205
(315) 955-3995

University of Alabama at Birmingham (UAB)
Injury Prevention Research Center
THT 433
UAB Station
Birmingham, AL 35294
(205) 934-7845

University of California – Los Angeles
Injury Prevention Research Center
School of Public Health, Room 76-078
University of California
Los Angeles, CA 90024-1772
(213) 825-7066

University of California – San Francisco
Injury Prevention Research Center
Ward 3A
1001 Potrero Avenue
San Francisco, CA 94110
(415) 821-8818

University of North Carolina – Chapel Hill
Injury Prevention Research Center
School of Public Health
Rosenau Hall, CB 7400
Chapel Hill, NC 27599-7400
(919) 966-3916

University of Washington
Harborview Injury Prevention Research Center
633 Yesler Way, Suite 32
Seattle, WA 98104
(206) 223-3408

RESEARCH AND TRAINING CENTERS

Rehabilitation Research and Training Centers, funded by the National Institute on Disability and Rehabilitation Research, conduct coordinated programs of rehabilitation research, provide training to research and other rehabilitation personnel, and assist individuals in providing rehabilitation services. There are four centers involved in some aspect of spinal cord injury care and four centers involved in traumatic brain injury care:

Community Oriented Services for Persons with Spinal Cord Injury
Baylor College of Medicine and The Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 799-7011

Neural Recovery and Functional Enhancement (Spinal Cord Injury)
Jefferson Medical College
Thomas Jefferson University
111 South 11th St., Suite 9605
Philadelphia, PA 19107
(215) 928-6573

Prevention and Treatment of Secondary Complications of Spinal Cord Injury
Rehabilitation Institute of Chicago
345 East Superior St.
Chicago, IL 60611
(312) 908-6017

Prevention and Treatment of Secondary Complications of Spinal Cord Injury
University of Alabama at Birmingham
Department of Rehabilitation Medicine
SRC 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

Community Integration of Persons with Traumatic Brain Injury
State University of New York/Buffalo
197 Farber Hall, 3435 Main St.
Buffalo, NY 14214

Rehabilitation of Traumatic Brain Injury and Stroke
New York University Medical Center
Department of Physical Medicine
550 First Ave.
New York, NY 10016
(212) 340-6161

Severe Traumatic Brain Injury
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Traumatic Brain Injury
Unversity of Washington
Department of Rehabilitation Medicine
BB919 Health Sciences Bldg.
Seattle, WA 98195
(206) 543-6766

COMPREHENSIVE HEAD INJURY PREVENTION AND REHABILITATION CENTERS

The Rehabilitation Services Administration in the Department of Education has provided funding for the initiation of a system of regional (multi-state) comprehensive head injury prevention and rehabilitation centers. The four established centers are:

Comprehensive Regional TBI Center
Mt. Sinai Medical Center
1 Gustave Levy Place
New York, NY 10029
(212) 241-7917

Midwest Regional Head Injury Center
Rehabilitation Institute of Chicago
345 East Superior
Chicago, IL 60611
(312) 908-8785

Rocky Mountain Regional Head Injury Center
Colorado Rehabilitation Services
1575 Sherman St., 4th Floor
Denver, CO 80203
(303) 331-8367

Southwest Regional Comprehensive Brain Injury Center
The Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, TX 77030
(713) 666-7323

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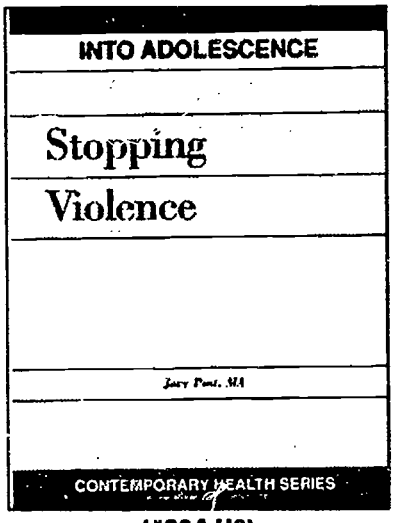

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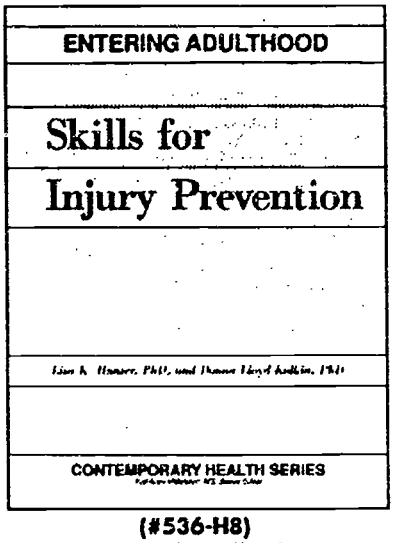

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- Water Safety

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